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TRANSACTIONS of the Canadian Dental Association

DÉLIBÉRATIONS de l'Association Dentaire Canadienne



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INTERIM AND ANNUAL MEETINGS
BOARD OF GOVERNORS
APRIL 9 AND OCTOBER 2

1994

ASSEMBLÉES PROVISOIRE ET ANNUELLE
DU BUREAU DES GOUVERNEURS
LE 9 AVRIL ET LE 2 OCTOBRE

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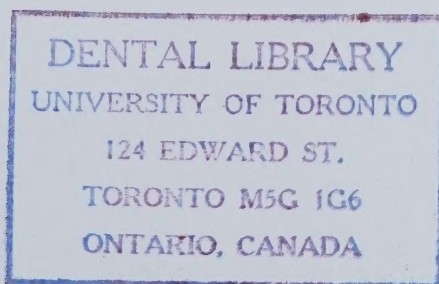
**INTERIM MEETING
BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION**

**ASSEMBLÉE PROVISOIRE
DU BUREAU DES GOUVERNEURS
L'ASSOCIATION DENTAIRE CANADIENNE**

OTTAWA, ONTARIO

**APRIL 9
LE 9 AVRIL**

1994



FORWARD

This book provides a record of the business transacted at the Interim and Annual meetings of the Board of Governors of the Canadian Dental Association, on April 9, 1994 in Ottawa, Ontario and October 2, 1994 in Vancouver, B.C.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors.

During the sessions, reports of Councils, Commissions, Committees and Sections, etc., are brought to open sessions of the Board, and, although the Chairman may permit any member to speak on any issue, only Board members may vote.

Interim and Annual Meeting

Words appearing in bold both within the body and at the end of the Council, Committee, Commission or Section Reports constitute the comments and actions of the Board of Governors.

The purpose of the CDA TRANSACTIONS is to provide members with a record of the policies and decisions of the Board of Governors and the work of the Association's Councils, Commissions, Committees and Sections.

AVANT-PROPOS

Le présent document contient le compte-rendu des travaux des assemblées, provisoire et annuelle, du Bureau des gouverneurs de l'Association dentaire canadienne, qui ont eu lieu respectivement le 9 avril 1994, à Ottawa, Ontario et le 2 octobre de la même année, à Vancouver, C.B.

Tous les membres de l'Association dentaire canadienne sont bienvenus à ces assemblées auxquelles ils peuvent participer.

Les rapports des conseils, des commissions, des comités et des sections ainsi que d'autres documents sont présentés au cours de séances publiques. Le président peut permettre aux membres de l'Association de s'exprimer sur diverses questions mais seuls les gouverneurs ont droit de vote.

Assemblée provisoire et annuelle

Les textes inscrits en caractères gras dans les rapports des conseils, des comités, des commissions et des sections, ou à la fin, présentent les observations et les actes posés par le Bureau des gouverneurs.

Les DÉLIBÉRATIONS DE L'ADC ont pour objet de fournir aux membres un compte-rendu des orientations et des décisions prises par le Bureau des gouverneurs ainsi que des travaux des conseils, des commissions, des comités et des sections de l'Association.

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EXECUTIVE COUNCIL

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

- Members:** Dr. Raymond Wenn, Charlottetown - Chairman
Dr. Bryun Sigfstead, Edmonton
Dr. James Brookfield, Kirkland Lake
Dr. Bernard Dolansky, Ottawa
Dr. John Diggins, Vancouver
Dr. Barry Dolman, Montréal
Dr. Toby Gushue, St. John's
Dr. Richard Sandilands, Edmonton
Dr. David Somer, Hamilton
Dr. Bernie White, Saskatoon
- Senior Staff:** Mr. Jardine Neilson, Executive Director
Mrs. Sandra Davis, Manager, Executive Services
- Coordinator:** Mrs. Suzanne Burton

1. Council Meetings

Since the September, 1993 Annual Meeting of the Board of Governors, the Executive Council has met three times - September 11, 1993, October 15, 1993, and February 4-5, 1994. The Executive Council Planning Session was held October 15-17, 1993. Dr. Dolansky completed his term on Executive Council at the termination of this meeting.

ITEMS REQUIRING BOARD ACTION

2. FDI Delegates

RESOLVED:

- 94.1 **THAT the CDA official delegates to the 1994 FDI Congress in Vancouver be Dr. Bryun Sigfstead, CDA President-Elect, and Dr. Ray Wenn, CDA President.**

ADOPTED

Council extends its formal congratulations to Mr. Neilson on his election as the North American Regional Representative on FDI Council. Mr. Neilson continues to serve as FDI National Treasurer for CDA. However, his position on FDI Council precludes him serving as a voting delegate to FDI Congress.

The CDA alternate delegates to the 1994 FDI Congress in Vancouver will be Dr. Michel Jahjah and Brig.-Gen. Victor Lanctis. The attendance of alternate delegates is at no additional cost to CDA, and is subject to confirmation of their attendance at FDI.

3. **Appointment of Auditors - Canadian Dentists' Insurance Program (CDIP)**

RESOLVED:

**94.2 THAT the firm of Clarke, Henning and Company
 be appointed auditors for CDIP for 1994.**

ADOPTED

4. **Participation Agreement - Amendment**

Section 1(j) of the Participation Agreement between CDA and co-sponsors of CDIP, makes reference to a french language version of the Participation Agreement. Since all co-sponsors sign only an english version of the Participation Agreement, this section should be removed.

RESOLVED:

APPENDIX I

**94.3 THAT Section 1(j) be deleted from the
 Participation Agreement.**

ADOPTED

Subject to the Board's approval, this amendment will take effect with the 1995 Participation Agreement.

5. **Standards of Care in Dentistry**

Provincial Governments have provided impetus of the development of standards of care in dentistry. At its 1993 Planning Session, the Executive Council expressed its concern that, to the degree possible, uniformity in standards of care in Canada be maintained, and stated in the various positions being developed.

Advice concerning CDA's role in this matter was sought from the provincial licensing bodies, through their December 1993, Conference. Communication received encouraged CDA to undertake a national initiative which would avoid attempting to develop specific clinical guidelines, and focus upon assisting provincial authorities in this regard. Support was also received for a national conference on this topic.

Executive Council believes that an Ad Hoc Committee would be beneficial to facilitate, as appropriate, the efforts of individual licensing authorities, with respect to clinical guidelines and standards of practice and to encourage consistent approaches. The committee would also look at the feasibility and planning of a national conference on the general topic of clinical guidelines/standards of practice. Appointment of members will occur following Board consideration of this matter.

APPENDIX II

RESOLVED:

- 94.4 THAT the Terms of Reference of the Ad Hoc Committee on Clinical Guidelines/Standards of Care be approved as presented.**

ADOPTED

6. Dental Care Occupations Labour Market Model

The College of Dental Surgeons of British Columbia provided information to the 1993 Planning Session respecting an opportunity for organized dentistry to participate in a national study on supply and demand for dentists, dental hygienists, and dental assistants in Canada. Information concerning the potential of funding through Employment and Immigration Canada, and statements of support, in principle, from various corporate members, were considered by Executive Council. Approval in principle was given to CDA participation in this project based on the information available.

Preliminary consultation with government officials has taken place, to clarify the study parameters and objectives, its time frame, and the commitment of funds. This project, and a financial formula for dentistry's participation, was discussed by provincial licensing authorities and corporate members during their December 1993, Conference. Positive indications concerning participation were received.

RESOLVED:

- 94.5 THAT CDA contribute \$10,000 to the Dental Care Occupations Labour Market Model, provided that financial support based on a cost-sharing formula from other participants (including the provincial licensing authorities, CDHA and CDA) be confirmed, for a total contribution from the dental profession of \$45,000; and provided that the Federal Government's contribution of \$45,000 is confirmed.**

ADOPTED

7. Eligibility CDA RSP - CDA RIF

Following direction received at the 1993 Annual Meeting the Executive Council, at its Planning Session, examined eligibility for the CDA RSP and CDA RIF. The underlying principle of the discussion was exclusivity of member benefits. Preliminary direction was formulated at that time, for further discussion with CDSPI Management Committee. During that discussion, it was agreed that CDSPI would prepare a report to the Executive Council on eligibility requirements of the CDA RSP and CDA RIF. The report was received in December, 1993 and was discussed by Executive Council at its February meeting.

APPENDIX III

Executive Council also considered resolutions concerning eligibility requirements for CDA investment plans, which were approved by the Board of Governors during 1985 and 1986. While strongly supportive of the membership exclusivity principle, Executive Council believes that past agreements have a bearing with respect to current participants in the investment program.

Executive Council recommends:

APPENDIX IV**RESOLVED:**

- 94.6 **THAT the last three paragraphs be deleted from the following recommendation.**

DEFEATED**RESOLVED:**

- 94.7 **THAT individuals participating in the CDA RSP or the CDA RIF prior to January 1, 1995 shall remain eligible for further participation in the CDA RSP and the CDA RIF and shall not be required to meet any new or additional eligibility requirements; and**

THAT individuals seeking participation in either the CDA RSP or the CDA RIF following January 1, 1995, be required to meet stipulated requirements for eligibility and shall be assessed an annual processing fee payable to CDA. The fee will be waived for CDA members and non-member staff, covered in Resolutions 86.31 and 86.33; and

THAT the annual processing fee due CDA be initially set at \$50 per year, which will cover participation of both the dentist and spouse, if applicable; and

THAT these requirements supersede those stated in Resolution 93.70.

ADOPTED

8. New CDA RSP Fund Managers

The report of the Council on Insurance and Investment indicates that a search for new fund managers for the Equity Fund, the Balanced Fund and the Aggressive Equity Fund, was approved by the Board of Directors of CDSPI in October, 1993. The search process has been completed, and recommendations for new fund managers were approved by the CDSPI Board on a Conference Call meeting on January 19, 1994.

Recommendations were made to the Executive Council through a memorandum dated January 24, 1994. Executive Council approval was required at its February meeting, in order that the necessary promotional and marketing materials could be prepared by CDSPI. The following recommendations are presented for Board ratification.

APPENDIX V

RESOLVED:

94.8 THAT the firm of Knight, Bain, Seath and Holbrook be the fund managers for the CDA RSP Balanced Fund.

ADOPTED

RESOLVED:

94. 9 THAT the firm of Altamira Management Ltd. be the fund managers for the CDA RSP Equity Fund.

ADOPTED

RESOLVED:

94.10 THAT the firm of Altamira Management Ltd. be the fund managers for the CDA RSP Aggressive Equity Fund.

ADOPTED

9. **CDA Policy on Publicly Funded Dental Plans**

The Federal Government consideration of taxing health care benefits is focusing attention on the issue of third party, and government funding of dental programs. ODA Executive Director John Gillies has raised the issue relative to the National Council on Welfare Study, which has suggested public funding to support dental programs for low-wage earners.

Executive Council believes that a CDA Policy on Publicly Funded Dental Plans should be recorded.

APPENDIX VI

RESOLVED:

- 94.11 **THAT the first sentence of item 1 of the proposed CDA Policy on Publicly Funded Dental Plans be deleted.**

ADOPTED

RESOLVED:

- 94.12 **THAT the last sentence of the proposed CDA Policy on Publicly Funded Dental Plans be amended to remove any reference to children, low wage earners and individuals on unemployment insurance or welfare.**

ADOPTED

RESOLVED:

- 94.13 **THAT the CDA Policy on Publicly Funded Dental Plans be approved as amended.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

10. **Legal Expense Insurance**

Governors adopted two resolutions concerning legal expense insurance at the 1993 Annual Meeting. Family Legal Benefit Insurance was approved effective January 1, 1994.

Professional Legal Expense Insurance, with specific exclusions, was to be added with the same effective date, subject to Executive Council approval at its October meeting.

Information presented by Guardian Insurance Company combined the newly defined "Professional" coverage with "Family Benefits" coverage into one plan entitled Legal Expense Insurance, with a combined premium of \$400. Coverage was combined, as the redefined "Professional" coverage was not viable as a stand-alone product. As well, the Executive Council was informed that the Association of Dental Specialists of Ontario intended to provide to Ontario dentists, Legal Benefits Insurance, including the elements of professional expense coverage excluded from CDIP coverage. The initial estimate of the annual premiums for this comprehensive coverage was considerably below the proposed CDIP premium. In addressing this issue at its 1993 Planning Session, the Executive Council felt that the proposed legal expense insurance product was inconsistent with CDIP standards of competitiveness, in terms of both cost and coverage. The decision taken was to submit the legal expense insurance proposal by Governors for review at the 1994 Interim Meeting.

Subsequently, the Ontario Dental Association officially requested that Legal Expense Insurance, with coverage consistent with the definitions for "Family" and "Professional" coverage as originally presented to Governors, be added as a sponsored plan through the 1994 Participation Agreement between CDA and ODA. The licensing body in Ontario indicated that it would not object to this type of insurance being offered to the profession by some other party. It did not share the same concerns identified at the 1993 Annual Meeting of the Board, which led to the Board's decision to alter the terms of "Professional" coverage.

CDA Participation Agreements with the provinces are individual agreements with each co-sponsor. Schedule "A" lists the sponsored programs which may vary by province.

Management Committee approved the request of the ODA on behalf of the Executive Council and the Board of Governors. This action was reported to Executive Council and the Board on November 29, 1993, and ratified by Executive Council at its February meeting.

11. **Proposed CDSPI Corporate Restructuring**

The Board of Directors of CDSPI recently circulated recommendations for corporate restructuring. At its February meeting, Executive Council reviewed the recommendations, and is recommending that the CDA Board of Governors not support the proposed CDSPI corporate structure as presented.

Executive Council believes that a more basic restructuring is desirable, and that it should reflect two central concerns which have emerged over a period of years. The first is a need to reaffirm and strengthen the role of the CDA Board of Governors in the ownership of CDIP, and that of Executive Council as trustees, who are legally accountable for its operation. The second is to streamline the operations of CDSPI, thereby reducing costs, and permitting the development of a professional administration broad enough to incorporate professional insurance-related expertise, which is necessary to carry the organization into the future. In this context, the Executive Council approved a motion to explore the presentation of a motion on the corporate restructuring of CDSPI, to a future meeting of the Board of Governors.

Executive Council recognizes that the authority for the kind of restructuring envisioned in the recommendation under consideration rests with the corporate members of CDA. In February, 1994, President Ray Wenn, wrote to the Presidents and CEOs of Corporate Members - CDIP co-sponsors, providing them with information on this issue, inviting them to comment on the suggested direction of Executive Council, and requesting them to indicate any considerations which should be taken into account.

Depending on the comments obtained prior to the 1994 Interim Meeting, this topic may be the subject of further discussion at Question Period.

12. **Administration/Delegation Agreements - CDA/CDSPI**

The Delegation Agreement and the Administration Agreement between CDA and CDSPI were approved by the Board of Governors in 1991. The agreements are subject to automatic renewal for successive twelve-month terms, unless notice is given by either party. The Executive Council reviews these agreements annually.

The Administration Agreement, which outlines the administrative services provided to CDA by CDSPI in connection with CDIP and the CDA RSP, was amended to include services relative to the new CDA RIF. The agreement was approved by Management Committee in December 1993, and ratified by Executive Council at its February meeting.

13. **HIV Lump Sum Payment at Time of Diagnosis**

CDSPI has been researching coverage for HIV lump sum payment at the time of diagnosis over the past two years. In 1993 an acceptable carrier was found, but the coverage required some level of mandatory participation. The Board of Directors of CDSPI rejected this coverage at its September 1993 meeting as it did not feel CDIP should have coverage including this type of restriction. This item was contained in CDSPI's report to the December 1993, Conference of CEOs and Registrars. The consensus was that no coverage should be considered that has a mandatory component. At its February meeting, Executive Council confirmed its agreement with the position taken by the CDSPI Board and the CEOs and Registrars.

14. Financial Statements - Life and Disability Plan Trusts

At the request of the Executive Council, CDSPI provided an interim report on the 1993 Financial Statements for the Life and Disability Plans Trusts. The Trust figures reviewed by Executive Council were as of August 31, 1993, and were unaudited. Line by line comments on the items were provided. The disposition of proceeds of the settlement with Imperial Life was not included in the interim statements, as adjustments will be made at year-end and form part of the 1993 audited statements.

Executive Council reviewed preliminary information on how these adjustments will impact on the year-end statements, and what could be expected when the audited statements are reviewed. Specifically, information was provided on proceeds relative to release of waiver of premium reserve for special claimants, Imperial Life run off payments, settlement payments, and the full re-payment of the loan which was made from the Life Plan Surplus to the Disability Plans Trust.

15. Rate Stabilization Fund Agreement - Guardian Insurance Company of Canada

At the 1993 Annual Meeting, the establishment of a Rate Stabilization Reserve Fund for the CDIP general plans was approved effective January 1, 1994. Approval of the agreement was delegated to Management Committee, with the direction that it have full legal review as part of its presentation.

The agreement, which had been reviewed by CDSPI legal counsel, was forwarded for approval just prior to the February meeting of Executive Council. The document was reviewed and approved on behalf of the Board of Governors.

APPENDIX VII**16. CDIP Malpractice - Frequent Users**

CDSPI has requested preliminary direction from Executive Council on the manner in which individuals who have repeat claims under CDIP malpractice are handled. Two options were presented - that these individuals be kept in the plan, but be penalized through higher premiums, or alternatively, that those with repeat claims have their coverage cancelled. Discussion of this item at the CEOs and Registrars December 1993, Conference indicated that there was consensus supporting the higher premium option. Executive Council agreed with this option.

This matter will be reviewed by the CDSPI Board, and recommendations to amend the plan will be developed if judged to be beneficial.

17. **Claims Audit of Metropolitan Life**

Metropolitan Life provided CDSPI with basic information on 1992 claims, which was insufficient to conduct a proper audit. Information provided on the 1992 year-end financial figures at Metropolitan shows a deficit close to \$9 million. Executive Council was informed that legal action would be necessary to obtain full disclosure of the material required for a claims audit. CDSPI further advised that the chances of receiving any "run off" from the plans at Metropolitan were virtually nil, based on the financial balances of the end of the first year. It saw no advantage of proceeding with an audit. Based on the information provided by CDSPI, the Executive Council agreed not to pursue a claims audit at Metropolitan Life.

18. **1993 Audited Financial Statements - CDA RSP**

The audited statements for the CDA RSP to May 28, 1993, were approved by Management Committee and ratified by the Executive Council at its September, 1993 meeting. Governors will recall that this approval mechanism is required, in order that the financial statements appear in the Annual Report on the CDA RSP. The 1993 audited financial statement for the CDA RSP are appended.

APPENDIX VIII

19. **CDIP Benefits Plans - 1994 Prudential Renewal and Adjustments**

Since the 1993 Annual Meeting, Executive Council approved recommendations for changes to CDIP from the Council on Insurance and Investment, in order that they be implemented on January 1, 1994. Notice of these actions taken by Executive Council on behalf of the Board of Governors, was circulated as required under Article IX, Section 7 of the CDA Constitution and By-Laws.

APPENDIX IX

Management Committee approved recommendations for changes to CDIP on behalf of the Executive Council, in order that they be implemented on January 1, 1994. Appropriate notification of this action was given to the Executive Council and the Board of Governors.

APPENDIX X

The Report of the Council on Insurance and Investment presents these motions for Board ratification.

20. **Working Group on Membership Concerns - Ad Hoc Committee on Structure and Relationships**

The Working Group on Membership Concerns, whose mandate was to review membership concerns and consider possible solutions, brought forward suggestions for change at the

Executive Council Planning Session. Couched in the form of requests for consultation and direction on specific issues, the Working Group sought response to guide its future actions.

The most weighty matter brought forward for consultation involved the investigation, discussion and development of a proposal for alternative political structures. The Working Group had found that CDA's membership development options were limited by the assumption that they were tied to the existing structure. Therefore, it had elected to look at alternative political structures and evaluate their impact on current membership issues. Using this groundwork as background, the Executive Council discussed the formation of a national entity assuming that CDA did not presently exist. The current Mission Statement was used as a base and the following specifics were discussed:

1. Representative governing structures (assuming current provincial structures).
2. Membership structure and dues apportionment.
3. Fee-for-service contracted work for provincial entities.

At the conclusion of the discussion, there was consensus that the examination to explore and develop options for adjustment to CDA structure and relationships should be pursued. An Ad Hoc Committee of the Executive Council was formed to pursue this mandate. The desired achievements of adjustment to structure and relationships were stated as follows:

- improved perceptions of responsiveness and connectiveness among individual members.
- a contemporary approach to including licensing body, specialist groups and other required representation to the CDA Board of Governors.
- an open and equitable allocation of fees/dues/grants among those having a political voice.
- agreed divisions of power/responsibility.

Executive members named to the Ad Hoc Committee reflect representation of CDA and both the mandatory and voluntary provinces. Chairman, Dr. James Brookfield, and members Drs. John Diggins, Barry Dolman, David Somer, and Toby Gushue, were directed to pursue the examination indicated above and to present recommendations to Executive Council.

At the Committee's first meeting held on November 6, 1993, it was unanimously agreed that a nation-wide information gathering program was required to ascertain what changes, if any, to the structure of CDA were necessary. The Committee proposed that CDA should seek to achieve a renewed, nation-wide consensus on its Mission, role and representative governance structure. This would be best accomplished by a two to three-year process of renewed consultation with all CDA stakeholders.

A pilot outreach program was initiated. Based on the input received, the feasibility of developing a broad-based outreach program will be examined. The results of the pilot outreach program had not been completed at the time of the Executive Council February meeting. A further report on the Committee's activities will be presented to the 1994 Annual Meeting.

21. **Deferral of Revisions to the USCLS**

In August 1992, the CDA Board of Governor adopted a resolution from the Third Party Dental Plans Committee which would combine the scaling and root planing codes. Effective January 1, 1994, scaling and root planing were to be combined as one code in the USCLS - 43410.

In October 1993, the Third Party Committee met with representatives of all the provinces using the USCLS, and the scaling issue was again reviewed. The group determined that scaling was not solely a periodontal procedure, and verbal consensus was reached to propose new changes to the prophylaxis code to reflect this concept in 1995. Given this new approach in late 1993, the Executive Council considered there was appropriate rationale for delaying the implementation of the combined code.

Corporate Members, national specialty organizations, the Board of Governors, and users of the USCLS were informed of the decision to delay implementation of this code, and were advised to revise their 1994 USCLS which had already been printed.

22. **Terms of Reference-Community and Institutional Dentistry Committee**

The 1993 Annual Meeting directed Executive Council to review the Terms of Reference for the Community and Institutional Dentistry Committee, and consider whether additional representation from dental auxiliaries was appropriate. In reviewing this matter, it was determined that dental auxiliary representation on the Committee alternates between dental hygiene and dental assisting. The Executive Council determined that no change to the current composition was required.

23. **Appointment of Provisional Directors - Dentistry Canada Fund**

At the 1993 Annual Meeting, a resolution was adopted approving the merger of the existing CDA charities and trusts under the name Dentistry Canada Fund (DCF). Governors also directed that any by-law implications involved in the merger be identified, and that by-laws for the new fund-raising entity be developed and brought forward for Board approval.

The effective date for the launch of the Dentistry Canada Fund advertising and solicitation campaign was January, 1994. In order to provide the DCF with a decision-making body prior to the formal approval of its by-laws, the Executive Council, acting on behalf of the sole member of the new organization, the CDA Board of Governors, appointed provisional

directors of the DCF Board. Notification indicating the names of the individuals so appointed is appended.

APPENDIX XI

Work is proceeding on the development of Objects for the DCF which will combine the unique objectives of CFDE, CDF and other charities and trusts involved in the amalgamation.

24. Proposal for Closure of the Faculty of Dentistry, University of Alberta

Dr. Norman Wood, Dean of the University of Alberta, informed CDA of a proposal, released in a report from University President Paul Davenport which calls for the closure of the dental faculty at the end of the 1997/98 academic year. CDA President Ray Wenn has written in support of the position of the Alberta Dental Association that the University not be closed.

25. CDA/CDHA

In June, 1993, a meeting was held between CDA and CDHA to discuss concerns of dental hygiene and dentistry. This initiative followed the failed attempt to reach mutual agreement on a Hygiene Supervision Statement, and CDA's position that dialogue between the two organizations should be maintained. The Community and Institutional Dentistry Committee has been directed to work on a glossary of terms (definitions), with a view to achieving agreement with the CDHA on terms to be used when communicating to various publics.

26. Alternate Locations - Executive Council Meetings

The February meeting of Executive Council was held in Whistler, B.C. The June meeting of Council will be held in P.E.I. Executive Council members will forego per diem in order that no additional cost for CDA is involved, due to choice of meeting venue.

27. CDA Appointments

Since the 1993 Annual Meeting, the President, Dr. Ray Wenn, has made the following appointments:

- Dr. Jim Brass of Comox, B.C. has been appointed as a member of the CDAnet Committee, fulfilling the unexpired term of Dr. Timothy Comishin.
- Dr. James Brookfield of Kirkland Lake, Ontario has been appointed Chairman of Government Relations Committee, the Communications Steering Committee and the Committee on Nominations and Awards.
- Dr. Alfred Dean of New Waterford, Nova Scotia has been appointed as a member of the CDAnet Committee.

- Dr. Louise Desnoyers of Boucherville, Québec has been appointed as a member of the Consumer Products Recognition Committee.
- Dr. Bernard Dolansky of Ottawa, Ontario has been appointed Chairman of the CDAnet Committee.
- Mr. Greg Mitton of Halifax, Nova Scotia has been appointed Chairman of the Student Affairs Committee.
- Dr. David Somer of Hamilton, Ontario has been appointed as the Ontario representative to Executive Council, fulfilling the unexpired term of Dr. James Brookfield.
- Dr. Bernie White of Saskatoon, Saskatchewan has been appointed as a member of the Communications Steering Committee.
- Drs. James Brookfield, Barry Dolman, David Somer, John Diggins and Toby Gushue were appointed to the newly formed sub-committee on CDA Structure and Relationships.

Dr. Raymond Wenn of Charlottetown, P.E.I. has assumed the Chairmanship of Management Committee and Executive Council, by virtue of office.

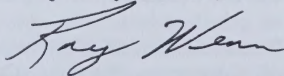
28. **President's Activities**

The schedule of activities of the President was presented to Governors for information. The final schedule is appended to the Executive Council report to the Annual Board of Governors Meeting.

29. **Council/Commission/Committee Report**

Executive Council has reviewed council/commission/committee reports as appended and other matters requiring board action following therein.

Respectfully submitted,



Raymond Wenn, D.D.S.
Chairman, Executive Council

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Executive Council.

(e) "1995 Agreement" means the agreement which may be entered into as of January 1, 1995 between CDA and the Co-Sponsor for the sponsorship of the Sponsored Plans during the calendar year 1995.

(f) "Participant" means, at any time with respect to any Plan, an individual who, at such time, is participating in such Plan or who is entitled to benefits thereunder;

(g) "Participating Organization" means, at any time with respect to any Plan, a provincial dental organization which at such time is participating in the sponsorship of such Plan through agreement with CDA;

(h) "Plan" means, at any time, an insurance plan or program which is being sponsored by CDA on behalf of itself and each Participating Organization which at such time is participating in the sponsorship thereof;

(i) "Sponsored Plan" means, at any time, a Plan in the sponsorship of which the Co-Sponsor is participating at such time; and

(j) to the extent that the provisions of the French version of this agreement are inconsistent or in conflict with the provisions of the English version of this agreement, the English version shall prevail.

TERMS OF REFERENCE

**Ad Hoc Committee
on Clinical Guidelines/Standards of Care**

The role of the Committee:

1. To review, monitor and advise upon developments in the field of clinical guidelines/standards of care in each of the provinces.
2. To suggest common approaches, philosophy, structure and terminology which may assist licensing authorities in each of the provinces to develop individual positions, which will be harmonious and consistent with those of other provincial licensing jurisdictions.
3. To serve as a planning committee for a national conference on clinical guidelines/ standards of care.
4. The committee will report to the Executive Council of the CDA Board of Governors.

Approved by the
CDA Board of Governors
April, 1994

CDSPI
REPORT ON
ELIGIBILITY REQUIREMENTS - CDA RSP AND CDA RIF
DECEMBER 1993

CDSPI - CDA RSP AND CDA RIF						
DATE	DESCRIPTION	AMOUNT	PERCENT	PERCENT	PERCENT	PERCENT
1993	100	100	100	100	100	100
1994	100	100	100	100	100	100

As requested, we have discussed the implications of restricting participation in the CDA RSP and the CDA RIF to members of the CDA, their staff and their families.

We all agree with the basic premise that participation in these plans is an entitlement someone acquires when becoming a member of the CDA. These are group plans and the association sponsoring the plans is the CDA.

However, from a more practical perspective, to freeze or close the accounts of current participants who do not qualify for participation or to impose additional fees on non-CDA members will have a serious impact on plan participation and will adversely affect the plan as a whole and continuing participants.

We have looked objectively at the implications of the possible restrictions being considered by the CDA using current figures and outlining possible scenarios.

Our conclusion is that limiting participation in the plan to CDA members would have serious negative results for the CDA, its image as an organization, the CDA members who continue as plan participants and the plans. CDSPI will also suffer financially because of lost revenue. The limitation may even have detrimental effects on CDA membership.

1. MEMBERSHIP AND AMOUNTS INVOLVED

At this time, we have 3,476 participants in the CDA RSP, for a total of \$193.3 million on deposit. The split is as follows:

MEMBERSHIP							
	CDA ONLY	CDA/ODA	CDA/QDSA	ODA ONLY	QDSA ONLY	NON-MEMBER	TOTAL
Number	1446	605	17	728	63	617	3476
Amount (\$)	82.5M	47.7M	709K	43.4M	2.9M	16.1M	\$193.3M

Non-members include employees of associations and their families and participants who are not members of any association and their family and employees. The participants included in this group would have been members at the time of the application but have since stopped paying their dues.

Of the 1446 who are members of the CDA only or work for a member of the CDA only, 113 are residents of Ontario and their assets total \$4.3 million.

2. OPTIONS

We have identified 6 options we could implement for participants who have a CDA RSP account, are not members or "dependents" of a member of the CDA and are not willing, in the case of participants who are licensed dentists, to become members of the CDA.

1. Close the account and transfer funds.
2. Freeze the account - allow no transactions other than complete withdrawal.
 - no new deposits
 - no switches, partial transfers, partial withdrawals
 - possibly charge a fee even to transfer to another carrier
3. Keep the account open but charge transaction fees to non-members.
 Fees could be:
 - front or back load to acquire or dispose of units
 - for switches, withdrawals
 - flat annual fee to maintain the account
 - higher management fees (currently less than 1%)

From a legal standpoint, we would have to amend the variable annuity contract with the agreement of Imperial Life and the approval of Revenue Canada as the current agreement does not allow the application of these charges. (see below under "Legal Considerations")

4. "Grandfather" current accounts but insist on CDA membership for new accounts.

Participants who currently have an account and are not members of the CDA would be encouraged to become members but we would not insist on it. However, we would insist on membership for new accounts and we would review all of them on an annual basis.

5. Have the ODA co-sponsor the CDA RSP and the CDA RIF.

This option would help increase participation in the plans, decrease management fees and benefit every one.

6. Continue on the current basis.

This would mean allowing members of CDA, ODA, ACDQ and members of provincial associations, their family and staff to participate.

3. COMMENTS

Of the 6 options, the last one is certainly the most realistic for the continued strength of the plans. Since CDA's image with its members is affected by the quality of the member benefits it offers, a serious weakening of the plans (which we feel will result particularly from options 1 to 3) will hurt the CDA. In making a decision, the CDA must consider the following:

- * The chances of a participant paying the \$425 annual CDA membership fee just to be able to continue participation in the CDA RSP are very remote. The CDA RSP competes in a highly competitive and volatile marketplace. Return on investments and fund selection dictate who gets the money these days and the recent performance of the CDA RSP funds has been average at best. Some participants who have stayed with us so far will leave if they have to pay the annual fee. There is no shortage of alternatives.

It should also be noted that we consider the proposal to permit non-CDA members to participate in the CDA RIF by paying five years of CDA membership fees to be totally unrealistic. The fees would amount to a significant front-end load, even if the "retired dentist" rates apply. If a dentist has not considered it to his/her benefit to be a CDA member while in active practice, he/she is not likely to see any benefit in joining at age 71, particularly at a cost of a significant expenditure of retirement capital. The CDA RIF will be competitive but not so attractive that dentists will pay a high price to participate in it.

- * Forcing participants to close their account and move the money out may not be easily done. From a legal point of view we may be challenged by some participants who were not CDA members when they opened their account (see below under "Legal Considerations"). From an administrative standpoint, some participants have money invested in term deposits which do not mature for a few years. We would either have to allow withdrawals without penalties or wait for the maturity of the GIC to close the account. This could involve a fair amount of administrative work and cost.

- * There would be a ripple effect on non-members' staff; participants working for or related to a dentist who is not a CDA member would have to move their funds as well through a situation which is not within their control. This would certainly not encourage staff of CDA members to invest in the CDA RSP (or purchase insurance through CDIP) knowing they may become ineligible in the future.

- * There could be negative repercussions for CDA members; if we were to enforce the rules to the letter and keep only accounts owned by CDA members and their dependents and staff, we could expect a reduction in the amount in the funds from \$193.3 million to \$131 million (we could lose \$43.4m from ODA members only, \$2.9m from QDSA members only and \$16.1m from non-members). This would have a number of repercussions:

- the fees charged against the funds are on a sliding scale, decreasing as the asset values of the funds increase. Any reduction in the asset values of the funds would result in the fees being charged at the higher percentage rates. This would reduce the return on investment for the continuing plan participants.

- an increase in the percentage of the management fees would be required to offset lost revenue to both Imperial Life and CDSPI. Most of CDSPI's administrative expenses are fixed and would not decrease proportionally if participation dropped. The carrier likely faces a similar situation. Any increase in the management fees would make the plans less competitive, resulting in further losses of current and potential participants. The fee increases would also reduce the rate of return for existing participants.

- even with a fee increase the revenue losses would likely force CDSPI to reduce staff. This would result in a reduction of service to continuing participants. This problem would be exacerbated by the increased administration workload which would increase the number of membership checks on all participants on an annual basis.

* The enforcement of the new rules may also have a detrimental effect on the CDA. Of the 3476 participants we currently have on record, 1408, or more than 40%, are not members of the CDA. In Ontario alone, we have 1758 participants, including 718 who are members of the ODA only, and 586 have dual membership CDA/ODA. If we require membership in the CDA and the ODA decides to offer a competing product, we may potentially lose up to 1758 participants and up to \$104.6 million in assets (\$43.4 million from ODA members, \$47.7 million from ODA/CDA, \$4.3 million from Ontario CDA members only and \$9.2 million from Ontario non-members). In addition, if the ODA sets up a group RSP, it might also decide to withdraw its sponsorship of CDIP and start a competing insurance program. If this occurred, CDIP would lose many participants and with a smaller group, insurance premiums would have to be revised upward. This would also be very damaging to the CDA's image and to continuing CDIP participants.

* Instead of increasing revenue for the CDA by forcing non-members to join to keep their CDA RSP, revenue for the CDA could be reduced since many CDA/ODA members might decide to join only the ODA.

* Marketing has been working hard to build a "trust" relationship with all participants, particularly in light of the problems that occurred a few years ago when LTD premiums jumped significantly. At the time, participants lost some faith in the "predictability" of CDSPI. Changing CDA RSP eligibility will have the same effect and affect sales to all dentists across Canada. This will seriously undermine CDSPI's entire marketing thrust.

* Having the plan open to dentists, family and staff regardless of affiliation creates significant good will for the CDA which likely translates into greater cooperation and a better image of the CDA. Changing eligibility could hurt the CDA's image and negatively impact membership.

4. LEGAL CONSIDERATIONS

Implementing the various proposals being considered by the CDA involves a number of legal problems to the extent that they affect participants who join the plans before the proposals are incorporated into the variable annuity contracts.

Amendment of Eligibility Requirements

The eligibility requirements set out in the current RSP contract are quite broad. Virtually all dental organizations in Canada, including provincial associations, licensing bodies, university dental faculties etc. are listed as "Affiliated Organizations". Anyone who is a member of an Affiliated Organization, a spouse, child or employee of such a member or an employee of an Affiliated Organization is eligible to become a Member of the plan. The philosophy behind making the requirements as unrestrictive as Revenue Canada would allow was to give the plan as broad as possible a base of potential participants on which to draw so as to maximize growth potential. The proposed restriction in the eligibility requirements indicates a significant change in this philosophy.

Any changes in the eligibility requirements for the CDA RSP and RIF will require amendments to the variable annuity contracts. These amendments will require approval by Imperial Life and Revenue Canada. To the extent that they have a detrimental impact on the current participants they will not be enforceable against the current participants without the participants' assent.

The variable annuity contracts are group insurance contracts which create rights on the part of those who purchase insurance under them. Variable annuities are a particular form of life insurance contract. Depositing funds into an RRSP held under a variable annuity contract is equivalent to paying a life insurance premium. Unless they are yearly renewable contracts (in which case a new contract is entered into each year when the premium is paid), insurance contracts cannot normally be amended unilaterally by the insurer or by agreement between the insurer and the group policyholder; the consent of those detrimentally affected is required for the amendments to take effect. This principle is specifically stated in the recently revised insurance provisions of the Quebec Civil Code (which apply to participants resident in Quebec) and is part of the common law applicable in the rest of Canada.

CDA and Imperial are free to amend the contracts as they apply to future participants. Since the RIF contract has not yet been signed, changes can be made to its eligibility provisions, subject to Revenue Canada approval and the rights of anyone who buys a RIF without knowledge of the new restrictions.

It may also be possible for CDA and Imperial to agree to restrict the ability of current participants to make future contributions if they do not meet revised eligibility criteria. Reasonable notice and an opportunity to either withdraw without penalty or pay the CDA membership fees would have to be given to protect the rights of participants. There is,

however, no legal basis on which the eligibility requirements can be altered and participants who were eligible when they joined the plan but who no longer meet the revised requirements removed from the plan.

Amendment of Fee Structure

The current contract terms permit Imperial Life to change the Management Fees on six months' notice unless the current fees are locked in for a fixed period. The current fees have been locked in to December 31, 1996, subject to changes required because of changes in the investment manager of one or more of the funds.

Since the contract to which current participants are bound permits changes in the fees by agreement between the CDA and Imperial Life, the imposition of new fees is permissible. However, the new fees which are being proposed are to be applied on a discriminatory basis since they will not apply to CDA members. It may be arguable that the imposition of such a discriminatory fee structure constitutes "an unfair or deceptive act or practice in the business of insurance" (Insurance Act (Ontario), section 438(b) and equivalent legislation of the other provinces) if it is considered to be "unfair discrimination between individuals of the same class...in the rates charged by [the insurer] for ... annuity contracts... or in the terms and conditions thereof." Since Imperial Life would have the primary liability for committing such an offence it would have to be satisfied that a discriminatory fee structure would not contravene the Act.

If this hurdle could be overcome, we would have to determine whether Revenue Canada would approve the amendments setting out the proposed fee arrangements. There is nothing specific in their Interpretation Bulletins which prohibits having different fee structures for different categories of participants within the same group. Such arrangements are not, however, contemplated in their guidelines. Implementation of the arrangements would have to be contingent on their approval. It might be possible to take the approach that the fees are applicable to everyone but will be waived for CDA members and their "dependents". We would, however, have to be satisfied that this approach would not be a violation of the Insurance Act prohibition on incentive arrangements.

The final concern around the proposed fee changes relates to the disclosure requirements. Because of the similarity of the CDA RSP structure to mutual funds, we have considered it prudent to comply with the requirements of National Policy Number 39 which sets out rules for disclosure in the sales communications of mutual funds. These rules require disclosure of all fees charged in connection with the plan.

Under the current arrangement we are able to state that no fees are applicable except a management fee of less than 1%. Under the proposed arrangements, all of the fees to be charged will have to be summarized in all sales communications, including those being sent to CDA members. While the fees can to some degree be presented in a positive light from the perspective of CDA members (ie. why you should be or remain a CDA member) the

necessity to describe them eliminates our ability to promote the funds as "no load" with very competitive management fees. Since fees are a major factor in choosing where to invest RRSP funds, the presence of the fees could make the funds less attractive to CDA members as well as to non-members.

Impact of Proposed Changes

Refusing to permit transfers between funds for non-CDA members would be a breach of contract and could involve substantial damages to participants who were prevented from moving their funds to take advantage of better returns on investment. Imposing transfer fees on a discriminatory basis without consent would also likely be found to be a breach of contract. A requirement to pay a CDA membership fee (or five years of back membership fees) in order to continue participation (or full unrestricted participation) in the plans amounts to the imposition of a front end load and annual fee which were not provided for in the contract. The new class action proceedings legislation passed in Ontario earlier this year would make it relatively simple for disgruntled ODA members to bring a class action against the CDA (and probably Imperial Life and CDSPI as well) for breach of contract. Their damages would be any fees they were improperly charged and any investment losses they were to suffer from the CDA's actions. Such a lawsuit would be costly and damaging to the CDA in the eyes of both current and potential members. It could also damage the credibility and stability of the plans.

Attempting to impose the proposed changes on current participants involves serious risks of legal problems which could, in the long-run have serious detrimental effects on the CDA and its member service programs.

5. RECOMMENDATION

Our recommendation is to continue to operate on the current basis and to encourage ODA to co-sponsor the plan. The plans would be open to members of the CDA, ODA and provincial associations. We would continue to ensure that the applicant is a member at time of issue and we would check periodically after.

We will continue to research any added value aspects that could be assigned to CDA only members.

6. CONCLUSION

Enforcing the membership rule at this time may have detrimental effects on the CDA, through loss of membership, and the remaining participants in the CDA RSP because of higher management fees resulting from the decrease in assets under management. We realize and agree that the CDA is not in the investment business but rather in the business of providing investment benefits to its members. We believe that this goal can best be achieved by having as many participants as possible and as much money as possible in the plan.

SUMMARY

FACTS TO CONSIDER

1. **NEGATIVE IMAGE** of CDA
2. **NEGATIVE IMPACT** on current members (What else can they take away?)
3. **LEGAL** Aspects
4. **LOSS OF TRUSTING IMAGE** Re: CDIP and CDA RSP
5. **INCREASED FEES** for others as dollar "Pot" decreases
6. **LOSS OF PARTICIPANTS:** Reduced service for those remaining
7. **NEGATIVE MEMBERSHIP MARKETING**

Participation Agreement

- 85.14 **THAT Ontario dentists be allowed to participate in the investment plans on the same basis that they participate in the insurance plans and that the Executive be empowered to approved the necessary documentation to implement this.**

ADOPTED

CDA RSP

- 85.126 **THAT there be no eligibility requirements for participation in the CDA RSP, other than being a licensed dentist in Canada.**

DEFEATED

- 85.127 **THAT the eligibility requirements for participation in the CDA RSP be that one must be a member or spouse of a member who belongs to the CDA or corporate body.**

ADOPTED

DIRECTION: **Eligibility requirements should include provision for employees and families of CDA, CDA Corporate Members, NDEB, RCDC, and CDSPI.**

- 85.128 **THAT the Management Committees of CDA and CDSPI review the motion on Participation Re RSP and report to the 1986 Interim Board meeting.**

ADOPTED

CDA RSP Eligibility

- 86.30** **THAT a member in good standing of the CDA, and/or a corporate body of the CDA, and that members' spouse, be eligible to participate in the Canadian Dental Association Retirement Savings Plan.**

ADOPTED

- 86.31** **THAT any staff member of the following named organizations may participate in the plan:**

Canadian Dental Association
Alberta Dental Association
College of Dental Surgeons of British Columbia
Manitoba Dental Association
New Brunswick Dental Society
Newfoundland Dental Association
Newfoundland Dental Board
Nova Scotia Dental Association
Provincial Dental Board of Nova Scotia
Ontario Dental Association
Royal College of Dental Surgeons of Ontario
Dental Association of Prince Edward Island
Association des chirurgiens dentistes du Québec
Ordre des dentistes du Québec
College of Dental Surgeons of Saskatchewan
National Dental Examining Board of Canada
Royal College of Dentists of Canada
Canadian Dental Service Plans Inc.
Canadian Fund for Dental Education
Association of Canadian Faculties of Dentistry

ADOPTED

- 86.33** **THAT the CDA permit an eligible dentists' auxiliary staff to participate in the CDA/RSP, subject to the same eligibility requirements as participation in CDIP.**

ADOPTED

COUNCIL ON INSURANCE AND INVESTMENT

Registered Retirement Income Funds (RRIF's)

- 93.70 **THAT, by the Fall of 1993 a CDA RRIF be offered with the same fund investment philosophy in administration structure as that offered by the CDA RSP; eligibility requirements will be the same as those currently used for the CDA RSP product.**

The Board of Governors agrees, with a proviso that the participant has been a member of the CDA for the past five years. The individual would be allowed a grace period based on payment of fees in arrears. Dentist participants in the CDA RSP who have not been CDA members up until March 1, 1994, would be allowed a grace period of five years until March 1, 1998, during which they would be eligible to participate in the CDA RRIF, and all participants who invest in the CDA RSP after March 1, 1994, will be subject to the proviso as stated.

MEMO

TO: CDA Executive Council & Board of Governors
FROM: CDSPI (Council on Insurance and Investment)
DATE: January 24, 1994
RE: NEW CDA RSP FUND MANAGERS

Item # 5 of the Council on Insurance and Investment report indicates that a Fund Manager search was to take place and that a separate report from the Council (CDSPI) would be presented to the CDA Executive Council for the February meeting. This is that report which requires consideration of recommendations passed by the CDSPI Board of Directors on a conference call meeting on January 19, 1994.

In October 1993, CDSPI began the process for selecting new Fund Managers for the CDA RSP. It is important to note that the search was for new managers for only the Equity Fund and the Balanced Fund along with the new Aggressive Equity Fund to be launched in 1994. The latter fund is referred to in the industry as a Small Cap Fund. The management of the Bond and Mortgage and Money Market Funds would remain with the current manager, Canagex, while the GIC management would remain with Imperial Life. The CDA RSP would remain with Imperial Life as the Annuitant holder. Only the fund management would change as noted. Imperial Life have been part of this process from the beginning and agreed with the fact that alternate fund managers could be retained while the plan structure and administration would remain unchanged. They themselves are also looking at hiring other fund managers to also achieve better performance for their other clients.

The firm of Morneau Coopers & Lybrand was selected to assist with the search process. We were very impressed with the advice and assistance provided during the search and the selection process that was developed. They prepared a questionnaire to be sent to Fund Managers, worked with CDSPI Management Committee to develop a long list criteria, applied this criteria to the universe available and developed a final long list. A list of 19 investment firms responded to the questionnaires. The responses to the questionnaires were rated based on a scoring system allocating 35 points to Performance, (one of our main considerations, 25 points to Ownership and Organization Structure, 20 points to Assets and Clients and 20 points to Other [which included fees, communication materials and transition philosophy]). When this rating system was applied, the scores appeared as follows:

Equity Fund

*Altamira Management Ltd.	83.5
*Corporate Investment Ass. (RT)	77.8
*Knight, Bain, Seath & Holbrook	74.8
National Trust Co.	73.8
*Laketon Investment Management	73.5
*MTA Investment Counsel Inc.	72.7
Elliott & Page Ltd.	72.0
McLean Budden Ltd.	70.9

Balanced Fund

*Knight, Bain, Seath & Holbrook	84.5
*Lincluden Management Limited	79.3
*Corporate Investment Ass. (RT)	78.4
*MTA Investment Counsel Inc.	76.1
*Altamira Management Ltd.	74.1
National Trust Co.	73.8

Small Cap Equity Fund

Altamira Management Ltd.	80.5
Corporate Investment Ass. (RT)	79.3

Some duplication of managers for each fund reduced the listing so that those noted in **bold** and marked with * were the ones to be interviewed. CDSPI interviewed Knight, Bain, Seath & Holbrook, (Equity and Balanced), Lincluden Management (Balanced), and MTA Investment Counsel (Equity and Balanced) on December 15, 1993. On January 12, 1994 we interviewed Altamira Management (Equity, Balanced and Small Cap), Corporate Investment Associates (Equity, Balanced and Small Cap) and Laketon Investment Management (Equity). As well on January 12, repeat interviews were granted to Knight, Bain, Seath & Holbrook and MTA Investment Counsel from the December interviews in order to refresh the Management Committees' assessment of these companies. Lincluden were not asked to return.

Each meeting followed the same process with each presentation taking one hour and fifteen minutes including questions and the "encore presentations" limited to one half hour. Attending the first interview session was the Management Committee, Mr. Butler and a representative from Morneau, Coopers & Lybrand. At the second session, two CDSPI staff were added to the assessing group. At the conclusion of the January 12, 1994 meeting, two hours was set aside to discuss the interviews and each person had an opportunity to present their choice and their reasoning.

It was agreed that the factors to consider in making the Management Committee final decision to recommend to the CDSPI Board was not only the weighted scoring from the questionnaire but also the interviews, performance figures and fees data which had been summarized by Morneau for the Management Committee. It was also agreed that a manager for a "Small Cap" fund was not to be a deciding criteria for managers of the other two funds. It would be considered after the main selections for the Equity and Balanced Funds was made and if a match could then be made then that was just an added advantage. It was also felt that there could be an advantage to not having all funds managed by the same managers. Having three companies could be a big plus to marketing the overall plan.

The Balanced Fund

There was an overall immediate agreement for the selection of the fund manager for the Balanced Fund.

The firm of Knight, Bain, Seath & Holbrook was felt to be the best candidate and an obvious choice based on:

- The overall scoring of this firm in relation to the scoring for balance fund managers; they were number one when all areas were totalled.
- They have worked together for considerable time and at the interviews gave a favourable impression and worked well together in their presentation.
- They have 100% internal ownership and stability of staff.
- They have a total of 8 portfolio managers and research staff and a proven track record in Balanced Fund performance as shown in the accompanying schedule for Balanced Fund performance with returns compounded annually. These are impressive pension fund management results.
- They have 28 pooled pension fund clients and 69 segregated pension fund clients.
- The Management fee charged is 0.30% from 0-\$50 million. The current amount of money in the CDA Balanced Fund is approximately \$24 million. The current fee charged by Canagex is 0.25% 0-\$15 million, 0.20% \$15-30 million and 0.15% \$30-50 million. This means that the costs for management of the current fund would increase by \$16,500 pa based on that current fund balance (a 30% increase). The fee has been guaranteed for 3 years.

The Council on Insurance and Investment recommends to the CDA Executive Council and Board of Governors:

"THAT THE FIRM OF KNIGHT, BAIN, SEATH & HOLBROOK BE RECOMMENDED TO THE CDA AS THE FUND MANAGERS FOR THE CDA RSP BALANCED FUND."

The actual transition of the fund from Canagex to the new fund manager will take place following the approval of this motion at the February 4-5, 1994 CDA Executive Council meeting.

The Equity Fund

It quickly became apparent that the selection of a new manager for the Equity Fund was between two strong candidates. Discussion took place on the merits of these two candidates with the result that Altamira Management Ltd. was the unanimous selection of the Management Committee and the CDSPI Board of Directors.

There were concerns relating to Altamira that had to be clarified further before this decision was made. These were in the areas of the amount of dollars being managed by them, the perceived risk factor, and the fee structure for the management of the fund. These areas were resolved to the satisfaction of the Management Committee by means of a speaker phone call with Altamira Management. Our concerns about size were alleviated and the risk factor relates more to the mutual fund side of Altamira, not the more conservative pension fund side. In addition, we were able to negotiate a fee reduction.

Altamira Management Ltd. were selected for the following reasons:

- The overall scoring of this firm in relation to the scoring for equity fund managers showed that they were number one when all scoring was totalled. Why should we not have the number one manager? That, all things considered, is what the search was all about.
- Being with Altamira provides the opportunity for many of their other funds to be possible added to the CDA RSP giving an exceptional opportunity for plan expansion in the future. This will be investigated further.
- They assured us in their presentation that they are less aggressive with pension fund management than with their mutual funds. The money is for a different purpose. They will also be governed by the investment guidelines mandate as approved by the Board.
- They appeared to be the only manager that had really read the fund's current investment mandate and had some very interesting suggestions about reviewing and updating it.
- They are the leading fund manager in Canada regarding current performance and have a proven track record in Equity Funds performance as shown in the accompanying schedule showing Equity Fund performance on an annually compounded basis.
- The presentation done by their two representatives was excellent particularly by the individual that would be our account representative. Her knowledge about this type of fund management and her apparent overall knowledge about our fund was outstanding. Their comments on their investment philosophy was judged to be very sound.

- There was a concern about their size and the dollars that they manage. After added discussions we agreed that pension funds will not be as greatly affected by dollar size. The size of the organization may be a plus in the future as in the financial world the "good and big" survive while the small/medium disappear or get swallowed. With the dollar "clout" they have access to better and more information than smaller and less known firms. They mentioned in the interview that companies come to them to provide their financial information with the hopes that they will invest in them. They use what they learn as part of their decision process on buying. A \$55 million fund such as CDA's will be small enough to allow flexibility.
- The firm has attracted top staff over the past years because of their size and reputation. This should continue as everyone in this area wants to be on a winning team and they only select the best.
- The strategy for their selection of stocks as provided in their presentation was very sound. "It simply made sense."
- If we want we can easily add new funds because of the large family of funds that they manage. We are frequently asked about our limited number of funds, particularly, away in "foreign" areas. The foundation is laid for this type of expansion.
- We were able to negotiate with them to drop their fee to 0.25% for the full equity fund. This is very reasonable considering their success. They also gave us a three year guarantee on this fee. This should allow us to keep our fee close to the 1% level. It is also less than the 2.5% charged to holders of their equity mutual fund - an edge is provided. Canagex charges for this fund are the same as that noted under the balanced fund. At a \$55 million level the increase in fees for the present CDA Equity Fund is \$34,000 pa a 33% increase. This is good value for the dollars.
- The firm as it is today started in 1987 and has had involvement in this area since 1969. They have a portfolio manager and research staff of 10 with 30% ownership by directors and staff, 35% by Manulife Financial and 35% by Altamira. They have 33 Pooled pension fund clients and 134 segregated pension fund clients.

A letter from Altamira (attached) provides their comments on some of the above points.

The Council on Insurance and Investment recommends to the CDA Executive Council and Board of Governors:

"THAT THE FIRM OF ALTAMIRA MANAGEMENT LTD. BE RECOMMENDED TO THE CDA AS THE FUND MANAGERS FOR THE CDA RSP EQUITY FUND."

The transition would be the same as for the Balanced Fund.

Small Cap

During the interview with Altamira the Small Cap Fund was discussed. They gave us strong information on this and indicated that a CDA Small Cap Fund could become part of a pool of 5 - 8 other funds of this type in order to get diversification initially and later could be set up as it's own fund when growth was established.

They indicated that their regular fee was .70% pa but they would do this fund for .30% if they got the Equity Fund. This was considered to be an excellent opportunity of provide a Small Cap fund to participants. No company of the group interviewed was willing to participate only in a small cap fund.

The Council on Insurance and Investment recommends to the CDA Executive Council and Board of Governors:

"THAT THE FIRM OF ALTAMIRA MANAGEMENT LTD. BE THE RECOMMENDED FUND MANAGER FOR THE NEW AGGRESSIVE FUND (SMALL CAP) OF THE CDA RSP."

The marketing launch of the new fund will begin following CDA Executive Council approval.

/jan39
atch

Comounded Annual Returns for the period ending

December 31, 1982 for

1 Year 2 Years 3 Years 4 Years 5 Years

Comounded Annual Returns for the period ending

September 30, 1983 for

1 Year 2 Years 3 Years 4 Years 5 Years

Investment Firm

CANADIAN EQUITY FUND CONTENDERS

Altamira Management Ltd.	28.0%	28.3%	20.8%	15.6%	17.0%	20.0%	19.4%	11.0%	13.8%	13.9%
Corporate Investment Associates (RT)	28.1%	17.8%	16.8%	7.7%	11.0%	4.7%	11.1%	2.4%	7.3%	8.9%
Knight, Bain, Seath & Holbrook	31.7%	16.8%	16.3%	5.1%	9.8%	3.5%	7.7%	-1.5%	3.7%	6.2%
Laketon Investment Management	29.6%	18.7%	16.2%	10.3%	11.2%	4.5%	10.2%	3.4%	6.7%	7.1%
MTA Investment Counsel Inc.	27.2%	16.6%	14.6%	6.3%	9.6%	5.2%	9.6%	1.4%	5.6%	7.6%
CT Investment Counsel Inc.	28.8%	17.9%	11.8%	6.8%	9.7%	12.6%	8.7%	8.7%	8.7%	9.9%
Elliott & Page	26.2%	17.8%	16.7%	7.1%	11.2%	15.8%	16.3%	6.4%	10.0%	10.5%
Guardian Capital Inc.	22.3%	14.0%	12.6%	6.9%	10.1%	3.8%	7.7%	3.1%	7.0%	7.9%
Bolton Tremblay	31.0%	15.4%	13.6%	4.5%	8.2%	4.0%	7.0%	-1.1%	4.0%	5.6%
Canagex Associates	28.6%	15.6%	14.8%	7.6%	11.0%	2.0%	8.5%	2.6%	7.3%	7.3%
Lincluden Management Limited	34.0%	19.1%	15.5%	5.2%	8.2%	-0.8%	6.1%	-2.7%	1.8%	5.4%
Mackenzie Financial Corporation	27.2%	12.7%	10.9%	4.7%	7.8%	7.6%	14.8%	-1.9%	2.0%	4.8%
McLean, Budden Limited	24.1%	16.6%	17.5%	8.0%	11.4%	2.5%	5.9%	5.2%	8.6%	10.7%
AGF Management Limited	24.1%	16.6%	17.5%	8.0%	11.4%	2.5%	5.9%	5.2%	8.6%	10.7%
National Trust	25.8%	14.7%	16.4%	8.8%	11.7%	0.8%	10.6%	4.5%	8.3%	9.0%

Maximum	34.0%	28.3%	20.8%	15.5%	17.0%	20.0%	19.4%	11.0%	13.8%	13.9%
Minimum	24.1%	12.7%	10.9%	4.7%	7.8%	2.5%	5.9%	5.2%	8.6%	10.7%
Average	27.7%	17.0%	15.0%	7.0%	10.1%	5.6%	9.7%	2.5%	6.5%	7.8%

CDA Equity Fund	23.8%	14.6%	14.4%	7.1%	10.7%	1.8%	8.1%	2.5%	7.3%	8.2%
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(assuming 90 b.p. in total fees)

Foster Higgins Pooled Pension Fund Survey	28.8%	17.3%	16.0%	6.7%	9.8%	4.7%	10.0%	2.3%	8.8%	7.4%
First Quintile	23.7%	12.7%	12.6%	5.2%	8.6%	1.5%	7.2%	0.4%	4.8%	6.3%
Median										

Investment Firm	Compounded Annual Returns for the period ending September 30, 1983 for					Compounded Annual Returns for the period ending December 31, 1982 for				
	1 Year	2 Years	3 Years	4 Years	5 Years	1 Year	2 Years	3 Years	4 Years	5 Years
BALANCED FUND CONTENDERS										
Altamira Management Ltd.	16.5%	15.5%	16.3%	12.8%	13.8%	10.9%	13.5%	9.6%	12.2%	12.0%
Bolton Tremblay	24.5%	16.8%	17.3%	12.1%	13.0%	8.1%	13.7%	8.3%	11.1%	10.6%
Canagar Associates	13.9%	13.1%	14.4%	10.3%	11.7%	6.5%	12.3%	8.2%	10.2%	
Cassidy Blake & Co.	20.8%	16.0%	18.9%	11.5%	12.7%	7.7%	12.4%	9.3%	10.9%	10.9%
Corporate Investment Associates (RTI)	20.5%	15.5%	15.7%	13.5%	13.3%	7.9%	12.5%	11.4%	11.8%	10.7%
CT Investment Counsel Inc.	21.0%	15.0%	15.1%	10.0%	11.6%	7.8%	11.7%	11.7%	11.2%	11.2%
Elliott & Page	17.5%	14.3%	14.8%	11.1%	12.2%	8.6%	12.5%	8.6%	11.3%	10.7%
Guardian Capital Inc.	23.4%	17.5%	18.3%	10.7%	12.6%	8.9%	14.2%	8.3%	10.4%	10.8%
Knight, Bain, Seath & Holbrook	18.4%	14.9%	16.0%	11.3%	12.4%	7.2%	14.0%	8.7%	11.8%	11.0%
Laketon Investment Management	24.2%	18.7%	19.4%	12.6%	13.1%	10.9%	15.9%	8.6%	10.6%	12.1%
Lincluden Management Limited	21.2%	15.0%				8.9%				
Mackenzie Financial Corporation	20.0%	15.5%	16.8%	11.0%	12.2%	8.5%	14.5%	9.0%	11.0%	11.0%
McLean, Budden Limited	25.3%	18.8%	21.4%	15.9%		11.6%	16.3%	13.0%		
Montrusco Associates	22.1%	15.5%	15.4%	11.2%	12.5%	7.1%		8.1%	10.4%	10.6%
MTA Investment Counsel Inc.	18.5%	14.9%	17.2%	11.5%	12.7%	6.1%	14.7%	8.6%	11.5%	10.9%
National Trust	17.6%	14.4%	15.6%	10.5%	11.7%	7.9%	12.4%	8.4%	10.1%	10.4%
Scapire Investment Counsel Limited										
Maximum	25.3%	19.7%	21.4%	15.9%	13.8%	11.6%	16.3%	13.0%	12.2%	12.1%
Minimum	12.0%	12.0%	12.0%	12.0%	12.0%	6.1%	11.6%	7.2%	10.4%	10.6%
Average	19.9%	15.6%	16.5%	11.6%	12.4%	8.2%	13.5%	9.3%	10.8%	10.8%
CDA Balanced Fund (assuming 80 b.p. in total fees)	12.5%	11.8%	13.4%	9.1%	10.9%	5.4%	11.6%	7.7%	10.0%	10.1%
Foster Higgins Pooled Pension Fund Survey										
First Quartile	20.3%	15.6%	16.7%	11.2%	12.4%	8.4%	13.7%	8.9%	10.7%	10.6%
Median	17.6%	13.6%	15.9%	10.4%	11.6%	6.6%	11.9%	8.0%	10.1%	10.2%



January 13, 1994

Via Fax - (416) 445-1858

Morneau Coopers & Lybrand
1500 Don Mills Road
Suite 500
Don Mills, Ontario

Attention: Mr. R.M. Kular - Vice-President & Actuary

Dear Mr. Kular:

In response to your request for confirmation and clarification of the two issues we discussed today I hope you shall find the following satisfactory.

Regarding fees, this will confirm that we agree to a flat .25 bps fee on the equity fund and a flat .30 bps fee on the small cap fund. These fees would be G.S.T. extra, billable in arrears on a quarterly basis and guaranteed for three years from inception date.

Regarding the matter of growth versus performance at Altamira, going forward there are two components I would like to address. My comments pertain to equity assets under management.

The first is the manner of our mutual fund performance versus our pension fund performance. These two historically have not been similar and shall not be going forward. Although the styles are very similar for both in concept, the execution of this style in the mutual fund arena is more aggressive, less restricted and more inclined toward volatility. The execution of this style for pension fund accounts, which is how CDSPI would be managed, is consistent with the fiduciary responsibilities of managing tax exempt assets for pension plans. There are more restrictions, less speculative security selection and less volatility. It is important that CDSPI marketing material draws this distinction such that the expectation level of the unit holders is not consistent with our mutual fund performance.

This leads me to the second component - Performance.

Our pension style has historically yielded, on an annualized basis, first quartile or better performance when compared to a universe of similarly mandated equity pension funds. The people who are responsible for that performance are still with us and are strongly incented to

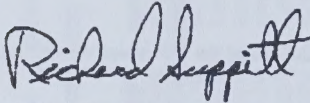
Mr. R.M. Kular - Morneau Coopers & Lybrand
Page 2

remain with the firm. The management style employed to achieve that performance continues to be our approach in its entirety, as described by Sue Coleman to the Committee. It is clearly our intent to continue with this approach which we believe is unique, defines Altamira and delivered the historical rates of return. Adhering to the CFA code of conduct, we can make no guarantees regarding performance going forward. We can say that we believe our approach can continue to deliver similar relative returns.

Rick I hope this is a satisfactory response to you and the Committee. Should you have any further questions, please do not hesitate to contact me at 925-4274.

Regards,

ALTAMIRA MANAGEMENT LTD.



Richard Suggitt
Marketing Manager

:lws

PROPOSED

CDA Policy on Publicly Funded Dental Plans

The Canadian Dental Association believes that a combination of public and private funding is required to meet the dental health care needs of the Canadian public. To this end, it supports the following principles:

1. Third party dental plans supported by employers, which currently cover the costs of oral health care for most Canadians, should be enhanced and protected as the foundation of dental care in Canada. The Canadian Dental Association strongly opposes the introduction of taxes on third party dental plan benefits as a counter-productive measure which would adversely impact access to dental health care services for the majority of Canadians.
2. The Canadian Dental Association supports public funding exclusively for individuals or groups with specific needs as distinct from universal dental care programs. Publicly funded programs should be directed to the needs of children, low wage earners, individuals on unemployment insurance or welfare and others requiring special consideration or support to facilitate their access to dental health care.

February, 1994

APPROVED

CDA Policy on Publicly Funded Dental Plans

The Canadian Dental Association believes that a combination of public and private funding is required to meet the dental health care needs of the Canadian public. To this end, it supports the following principles:

1. The Canadian Dental Association strongly opposes the introduction of taxes on third party dental plan benefits as a counter-productive measure which would adversely impact access to dental health care services for the majority of Canadians.
2. The Canadian Dental Association supports public funding exclusively for individuals or groups with specific needs as distinct from universal dental care programs. Publicly funded programs should be directed to those requiring special consideration or support to facilitate their access to dental health care.

Approved by the
Canadian Dental Association
Board of Governors
April, 1994

RATE STABILIZATION FUND AGREEMENT

THIS AGREEMENT made as of the 1st day of January, 1994 between Guardian Insurance Company of Canada ("Guardian") and Canadian Dental Association ("CDA").

WHEREAS CDA is concerned with providing to its members a stable, competitive, effective insurance product to meet its member participants' needs through the Canadian Dentists' Insurance Program ("CDIP"), and Guardian is prepared to continue to underwrite the general insurance and malpractice insurance plans offered through CDIP on the basis described in this agreement;

NOW THEREFORE this agreement witnesses that in consideration of the covenants and agreements set out in this agreement, Guardian and CDA covenant and agree with each other as follows:

1.0 PURPOSE AND OBJECTIVE

1.1 A Rate Stabilization Fund (the "Fund") shall be established to modify the impact of rate adjustments that may be required by Guardian.

The objective of the Fund shall be to recognize any profit or loss arising from each year's underwriting activity and, over time, to create a fund which can be used for the purposes described in Section 2.5.

2.0 RATE STABILIZATION FUND

2.1 Establishment of Fund

Guardian shall establish the Fund based on the profit or loss generated in each calendar year by all group policies issued by Guardian under CDIP (the "Policies"). The basis of determining profit or loss is detailed under Section 3 (Profit-Sharing Formula). The Fund will reflect the cumulative profit or loss achieved commencing with Policies issued on or after January 1, 1994.

2.2 Establishment of Fund Balance

The Fund balance will be calculated quarterly and Guardian will provide statements to CDA showing the interest rate, premiums written, expenses, claims paid, current cases outstanding, current IBNR claim expenses, investment income and Fund balance for each quarter beginning as of January 1, 1994. For the purposes of considering use of the Fund for one or more of the uses described in Section 2.5, the balance in the Fund as of December 31, 1994 will be determined on or before December 31, 1995. Any uses to be made of the Fund will then be taken into account in determining the renewal arrangements for the 1997 calendar year. Similarly, the balance in the Fund as of December 31, 1995 will be determined on or before December 31, 1996 and any uses to be made of the Fund will be reflected in the renewal arrangements for the 1998 calendar year. The formula in Section 3 will continue to be applied annually to the preceding year's operations until the Fund arrangement is terminated in accordance with Section 2.6. In addition to the quarterly reports referred to in the first sentence of this section, an Annual Rate Stabilization Fund Report as of December 31 in each calendar year will be provided by Guardian to CDA by December 31 of the immediately following calendar year.

2.3 Management of Fund

Guardian shall have the sole authority to manage claims arising out of the Policies. Guardian will set outstanding reserves including an appropriate IBNR. The calculation of both case reserves and the IBNR shall be in accordance with standard actuarial assumptions and practices and shall be consistent with past practices used by Guardian in connection with its CDIP accounts. In the event that CDA disagrees with Guardian with respect to the calculation of reserves, CDA and Guardian shall submit the dispute to arbitration in accordance with the provisions of Section 5.

2.4 Claims Audits

CDA shall have the right, directly or through consultants appointed by it, to conduct audits of claims under the Policies, including reviewing Guardian's claims files and the expense factors, investment income calculations and other elements used in applying the formula set out in Section 3.1. The right to conduct such audits shall continue throughout the term

of this agreement including during any termination adjustment period as provided for in Sections 2.6 and 2.7.

2.5 Uses of Fund

Subject to Section 2.6, the Fund is the property of Guardian and may be used solely to:

- a. improve coverage provided to CDIP participants;
- b. modify rate increases that would otherwise be necessary;
- c. provide dividends or premium refunds to participants; and
- d. provide for rate reductions to participants.

Subject to approval of Guardian, CDA may request any or a combination of the above applications. If the Fund balance has decreased between January 1 and December 31 of the calendar year under consideration Guardian will not be obligated to approve any applications of the Fund which reduce its balance below \$750,000. If the Fund balance has increased between January 1 and December 31 of the calendar year under consideration all or any part of the Fund balance may be applied to the uses specified in clauses a, b, c and d. Guardian will not withhold its approval to the applications requested by CDA unless the requested applications are, in Guardian's reasonable opinion, inconsistent with the long range objectives of the Fund.

2.6 Termination

In the event that Guardian ceases to be the carrier of any Policies issued under CDIP, any balance in the Fund, as calculated as of the earlier of (i) the date as of which all outstanding claims under the Policies have been settled or (ii) December 31 of the fifth year following the last year in respect of which a Policy was issued, shall be distributed, with 50% being retained by Guardian and 50% being transferred to, or in accordance with the directions of, CDA.

2.7 Distributions During Termination Adjustment Period

During the five year period provided for in Section 2.6 the balance of the Fund, as calculated as of December 31 in each year, will be distributed in equal shares to Guardian and CDA as follows:

First year	-	25% of Fund balance
Second year	-	33.3% of Fund balance
Third year	-	50% of Fund balance
Fourth year	-	70% of Fund balance
Fifth year	-	100% of Fund balance

provided however that if all outstanding claims under the Policies are settled prior to the end of the fifth year the entire Fund balance shall be distributed in accordance with Section 2.6 as soon as possible after the settlement of the last outstanding claim.

3.0 PROFIT SHARING FORMULA

3.1 Formula

For purposes of establishing the Fund, the following formula will be applied by Guardian:

- A. Net Written Premium
 - Less
- B. Guardian Expenses
 - Less
- C. Guardian Profit
 - Less
- D. Claims Incurred
 - Plus
- E. Investment Income

3.2 Definitions

The phrases used in the formula are defined as follows:

Net Written Premium means the annual written premiums for coverage under the Policies net of:

- (i) taxes directly paid by CDIP participants,
- (ii) administration fees payable to the administrator appointed by CDA, and
- (iii) facultative reinsurance premiums paid by Guardian for coverage of the CDIP plan.

Guardian Expenses include premium taxes payable to various provincial authorities, subscription costs for industry associations, the costs of providing underwriting and claims administration services and the costs of reinsurance. These expenses will vary from time to time. Schedule A to this agreement sets out the percentages of net premium to be used in calculating these expenses in 1994.

Guardian Profit means Guardian's pre-tax profit target, currently set at 7.5% of net premiums. For purposes of this agreement a deduction of 7.5% of Net Written Premium will be made in calculating the credit or debit to the fund.

Claims Incurred means the total of all claims submitted under the Policies including paid claims, outstanding reserves plus IBNR and allocated loss adjustment expenses.

Investment Income means one half of the difference between the Net Written Premium and the total of Guardian Expenses, Guardian Profit and claims paid including incurred allocated loss adjustment expenses; multiplied by the agreed investment interest rate.

3.3 Claims Administration

Claims administration expenses will be charged to plan experience at 3.15% of ultimate loss costs.

3.4 Investment Income

Premiums are paid in advance of claims settlements. In calculating the experience on the Policies, investment income will be credited at the current three month T-Bill rate for 60% of the cash balance and at the 3-5 year Bond rate for 40% of the cash balance. Investment income will be calculated quarterly. T-Bill rates and Bond rates shall be the average yields on the date of calculation as quoted in the weekly financial statistics published by the Bank of Canada.

Investment income will be calculated on the cash flow difference between net premium received (after deducting agreed expenses and crediting investment income earned on the Fund balance) and claims paid. Investment income earned in the previous quarter will be added to the cash flow balance in calculating the current quarter investment income.

3.5 Changes to Formula

The elements of the formula, including the expense factors, will be reviewed annually to reflect changes to the expense factors outside Guardian's control and to determine if the elements of the formula are reasonable in relation to industry practices and market conditions. If in any year Guardian or CDA requires changes to any of the elements of the formula for a forthcoming calendar year it shall advise the other party prior to October 1 in the current year and, subject to agreement between CDA and Guardian as to such changes, a revised Schedule A shall be substituted for the then current Schedule A with effect for all future years until changed by agreement of the parties. If other types of Policies are issued, Guardian and CDA will agree at the time of issue upon the expense amounts applicable to such Policies under this agreement.

4.0 NOTICES, CONSENTS AND DIRECTIONS

4.1 Notice

Any notice required or permitted to be given under this agreement shall be in writing and shall be deemed to have been duly given if delivered personally or by courier or mailed by prepaid registered or certified mail or sent by telex, telecopier or other means of electronic transmission:

to CDA at:

1815 Alta Vista
Ottawa, Ontario
K1G 3Y6
Attention: Executive Director
Telecopier: (613)523-7736

with a copy to:

Canadian Dental Service Plans Inc.
Suite 710, 100 Consilium Place
Scarborough, Ontario
M1H 3G8
Attention: Executive Vice-President
Telecopier: (416)296-8920

to Guardian at:

181 University Avenue
Toronto, Ontario
M5H 3M7
Attention: Branch Manager, Special Accounts
Telecopier: (416)941-9758

or at such other address or number as the party to whom such notice is given may have last designated by notice given in the manner provided in this section. If mailed, notice shall be deemed to have been given on the third business day following such mailing unless there is an interruption in the mails, in which case it shall be deemed to have been given when received. If delivered or sent by telecopier or other means of electronic transmission, notice shall be deemed to have been given on the first business day following its receipt.

4.2 Authority of CDSPI

All notices, consents and directions to be given by CDA under this agreement may be given to Guardian on behalf of CDA by Canadian Dental Service Plans Inc. ("CDSPI") acting in its capacity as CDA's Council on Insurance and Investment and Guardian shall be entitled to accept and act on any notice, consent or direction given to it by CDSPI in connection with this agreement without inquiring as to CDSPI's authority to act on the CDA's behalf.

5.0 **ARBITRATION**

- 5.1 If during the term of this agreement, a dispute shall arise between the parties with respect to the calculation of the Fund balance or the interpretation of any provision of this agreement which the parties cannot resolve, either party may, by notice to the other, require the dispute to be submitted to arbitration. Following the giving of notice the parties shall meet and attempt to appoint a single arbitrator. If they are unable to agree on a single arbitrator then, upon the written demand of either of them and within 10 days of such demand each party shall name one arbitrator and the two arbitrators so named shall promptly choose a third. If either party fails to name its arbitrator within 10 days from such demand the arbitrator to be named by the delinquent party shall be appointed by any Justice of the Ontario Court (General Division). If the two arbitrators fail within 10 days from their appointment to agree upon and appoint the third arbitrator then, upon written application by either of the parties, such third arbitrator shall be appointed by any Justice of the Ontario Court (General Division). The arbitrator or arbitrators shall proceed

immediately to hear and determine the matter or matters in dispute and the decision of the arbitrator or arbitrators, which shall be in writing and signed by the arbitrator or arbitrators, shall be final and binding upon the parties as to the matter or matters submitted to arbitration and the parties shall perform the terms and conditions of the decision. A decision of the arbitrator or arbitrators shall be made within 45 days after the appointment of the sole arbitrator or third arbitrator, as the case may be, subject to any reasonable delay due to unforeseen circumstances. Each party shall have the right to appear before the arbitrator or arbitrators either by its duly authorized representative or by counsel and may submit viva voce and/or documentary evidence. Costs of the arbitration shall be in the discretion of the arbitrator or arbitrators. Except as otherwise provided in this section, the provisions of the Arbitrations Act (Ontario) shall apply to all arbitrations pursuant to this agreement.

6.0 ENTIRE AGREEMENT

- 6.1 This agreement constitutes the entire understanding, contract and agreement between the parties with respect to the subject matter of this agreement and supersedes all prior oral or written understandings, agreements or contracts, formal or informal, between the parties or their representatives with respect thereto.

7.0 ASSIGNMENT

- 7.1 Neither party shall assign this agreement except with the prior written consent of the other party. Subject to the foregoing this agreement shall enure to the benefit of and be binding upon the parties and their respective successors and permitted assigns.

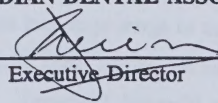
8.0 GOVERNING LAW

- 8.1 This agreement shall be governed by and interpreted in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.

IN WITNESS WHEREOF the parties hereto have executed this agreement.

CANADIAN DENTAL ASSOCIATION

by: _____


Executive Director

GUARDIAN INSURANCE COMPANY OF CANADA

by: _____

SCHEDULE A
PROFIT SHARING FORMULA
1994 AGREED EXPENSES

1. Premium taxes payable to provincial authorities

General liability and malpractice	3.1%
Property and practice interruption	3.7%
2. Industry association subscription costs

General liability and malpractice	0.5%
Property and practice interruption	0.7%
3. Underwriting/administrative overhead expenses 2.5%
4. Adjust, administer and settle all claims 3.15% of incurred claims
5. Reinsurance costs. Guardian carries treaty reinsurance which provides coverage over the CDIP program.

Malpractice	2%
General liability	1%
Property and practice interruption	7.8%

Summary

- A. From the original net premiums collected, Guardian will deduct expenses as follows:

	Expense	Total Expense + Profit
General liability	7.1%	14.6%
Malpractice	8.1%	15.6%
Office contents and practice interruption	14.7%	22.2%

- B. In calculating the Fund balance, claims incurred (paid and outstanding case reserves, excluding potential claims reflected in the IBNR) will be multiplied by 103.15% to recognize Guardian's claims administration costs as described in item 4 above.
- C. In establishing paid or incurred claims and in calculating the Fund balance, Guardian will take into account all amounts recovered through reinsurance of any type which applies to the Policies.

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

Year Ended May 28, 1993

Auditors' Report	Page 1
Statement of Financial Position	2
Statement of Income	3
Statement of Changes in Net Assets	4
Investment Portfolios	5 to 19
Notes to the Financial Statements	20 to 21

Clarke
Henning
& Co.

10 Bay Street, Suite 801
Toronto, Ontario
Canada M5J 2R8
Tel: (416) 364-4421
Fax: (416) 367-8032

AUDITORS' REPORT

TO THE BOARD OF GOVERNORS OF THE CANADIAN DENTAL ASSOCIATION TRUSTEES FOR THE PARTICIPANTS IN THE CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

We have audited the statement of financial position and investment portfolios of the Canadian Dental Association Retirement Savings Plan as at May 28, 1993 and the statements of income and changes in net assets for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position and investment portfolios of the Plan as at May 28, 1993 and the results of its operations and the changes in its net assets for the year then ended in accordance with generally accepted accounting principles.

Clarke Henning & Co.
CHARTERED ACCOUNTANTS

Toronto, Ontario
June 25, 1993

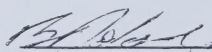
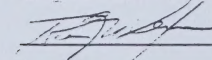
CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

STATEMENT OF FINANCIAL POSITION

As at May 28, 1993

	1993	1992
ASSETS		
BOND & MORTGAGE FUND		
Investments, at market value		
Mortgage fund units	\$ 3,070,190	\$ 2,797,896
Bonds	43,531,684	32,683,888
Cash and short term deposits	4,263,891	2,879,855
Accrued income	984,813	603,881
	51,850,578	38,965,520
COMMON STOCK FUND		
Investments, at market value		
Common stocks	43,400,755	36,628,990
Cash and short term deposits	1,985,186	3,961,110
Accrued income	90,107	127,070
	45,476,048	40,717,170
MONEY MARKET FUND		
Investments, at market value		
Bonds	8,689,498	3,708,258
Cash and short term deposits	19,876,041	25,646,955
Accrued income	183,226	-
	28,748,765	29,355,213
BALANCED FUND		
Investments, at market value		
Diversified fund units	-	15,737,566
Bonds	8,036,503	-
Common stocks	9,564,749	-
Cash and short term deposits	1,706,587	43,008
Accrued income	201,967	-
	19,509,806	15,780,574
G.I.C. FUND		
Investment certificates of The Imperial Life		
Assurance Company of Canada including accrued interest	35,108,105	39,184,022
TOTAL ASSETS OF THE PLAN REPRESENTING PARTICIPANTS' INTEREST	\$180,693,302	\$164,002,499

Approved on behalf of Canadian Dental Association:

 Governor
 Governor

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

STATEMENT OF INCOME

Year ended May 28, 1993

	1993	1992
BOND & MORTGAGE FUND		
Income		
Interest - bonds	\$3,179,432	\$2,483,758
- cash and short term deposits	369,675	311,483
Gain on sale of investments	1,117,681	2,082,076
	4,666,788	4,877,317
Expenses		
Administration fees	419,990	324,289
Other	5,722	5,010
	425,712	329,299
	4,241,076	4,548,018
COMMON STOCK FUND		
Income		
Dividends	997,789	1,104,175
Interest - cash and short term deposits	136,150	304,920
Gain on sale of investments	1,807,012	599,507
	2,940,951	2,008,602
Expenses		
Administration fees	368,956	357,674
Other	4,981	5,278
	373,937	362,952
	2,567,014	1,645,650
MONEY MARKET FUND		
Income		
Interest - bonds	178,939	48,196
- cash and short term deposits	1,620,535	2,137,169
Gain on sale of investments	340,864	-
	2,140,338	2,185,365
Expenses		
Administration fees	168,576	152,832
Other	3,198	3,733
	171,774	156,565
	1,968,564	2,028,800
BALANCED FUND		
Income		
Dividends	69,075	-
Interest - bonds	220,014	-
- cash and short term deposits	45,192	-
Gain on sale of investments	3,420,552	-
	3,754,833	-
Expenses		
Administration fees	168,627	120,366
Other	2,198	2,078
	170,825	122,444
	3,584,008	(122,444)
G.I.C. FUND		
Interest income	\$3,629,706	\$4,308,057

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS

Year ended May 28, 1993

	1993	1992
BOND & MORTGAGE FUND		
Net deposits	\$ 7,940,313	\$ 6,625,729
Net income	4,241,076	4,548,018
Change in market value of investments	703,669	(358,554)
Increase in net assets	12,885,058	10,815,193
Net assets at beginning of year, at market value	38,965,520	28,150,327
Net assets at end of year, at market value	51,850,578	38,965,520
Unit value	105.61792	94.54347
COMMON STOCK FUND		
Net deposits (redemptions)	(2,043,667)	4,731,152
Net income	2,567,014	1,645,650
Change in market value of investments	4,235,531	(462,886)
Increase in net assets	4,758,878	5,913,916
Net assets at beginning of year, at market value	40,717,170	34,803,254
Net assets at end of year, at market value	45,476,048	40,717,170
Unit value	20.99509	17.76105
MONEY MARKET FUND		
Net deposits (redemptions)	(2,330,405)	4,468,440
Net income	1,968,564	2,028,800
Change in market value of investments	(244,607)	(17,719)
Increase (decrease) in net assets	(606,448)	6,479,521
Net assets at beginning of year, at market value	29,355,213	22,875,692
Net assets at end of year, at market value	28,748,765	29,355,213
Unit value	64.49334	60.75029
BALANCED FUND		
Net deposits	1,915,792	4,712,840
Net income (loss)	3,584,008	(122,444)
Change in market value of investments	(1,770,568)	1,061,614
Increase in net assets	3,729,232	5,652,010
Net assets at beginning of year, at market value	15,780,574	10,128,564
Net assets at end of year, at market value	19,509,806	15,780,574
Unit value	39.40755	35.55256
G.I.C. FUND		
Net redemptions	(7,705,623)	(10,459,607)
Net income	3,629,706	4,308,057
Decrease in net assets	(4,075,917)	(6,151,550)
Net assets at beginning of year	39,184,022	45,335,572
Net assets at end of year	\$35,108,105	\$39,184,022

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

BOND & MORTGAGE FUND

UNITS	NO. OF UNITS	COST	MARKET VALUE
The Imperial Life Assurance Company of Canada Pooled Mortgage Fund Units	26,281	\$ 924,258	\$ 3,070,190

BONDS	PAR VALUE	COST	MARKET VALUE
Government of Canada			
October 1, 1994 - 9.25%	1,500,000	1,558,125	1,560,000
May 1, 1996 - 9.25%	1,150,000	1,223,600	1,221,875
October 1, 1997 - 9.75%	1,175,000	1,261,066	1,286,625
September 1, 2000 - 11.50%	675,000	759,037	813,375
March 1, 2001 - 10.50%	625,000	716,563	722,656
June 1, 2001 - 9.75%	750,000	779,775	838,125
May 1, 2002 - 10.00%	3,000,000	3,302,550	3,420,000
June 1, 2008 - 10.00%	1,250,000	1,381,822	1,440,625
March 15, 2014 - 10.25%	2,175,000	2,529,252	2,590,969
June 1, 2021 - 9.75%	2,275,000	2,526,375	2,630,469
		16,038,165	16,524,719

Provincial Bonds

Quebec Hydro - Coupon due September 30, 1994	1,650,000	1,447,957	1,504,536
Saskatchewan - 12.25%, due June 5, 1995	850,000	909,750	930,750
Ontario Hydro - 10.875%, due January 8, 1996	2,500,000	2,702,450	2,712,500
- 9.00%, due April 22, 1996	475,000	429,281	495,781
Ontario - 10.75%, due May 1, 1996	475,000	519,413	517,750
- 10.25%, due October 3, 1996	2,650,000	2,776,025	2,871,938
Saskatchewan - 10.125%, due July 3, 1998	450,000	471,150	486,000
Alberta - 9.60%, due July 7, 1998	300,000	302,625	326,250
Saskatchewan - 11.25%, due July 12, 2000	550,000	543,400	624,938
Ontario - 10.875%, due January 10, 2001	1,700,000	1,913,000	1,933,750
Quebec - 10.25%, due October 15, 2001	1,450,000	1,593,935	1,594,275
Manitoba - 9.75%, due September 3, 2002	625,000	630,219	688,281
- 9.75%, due May 15, 2011	350,000	349,562	385,437
Quebec Hydro - 10.00%, due September 26, 2011	925,000	965,793	1,002,469
British Columbia - 9.50%, due January 9, 2012	900,000	928,890	966,375
Ontario - 9.50%, due July 13, 2022	1,775,000	1,771,450	1,870,406
		\$18,254,900	\$18,911,436

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

BOND & MORTGAGE FUND (continued)

BONDS	PAR VALUE	COST	MARKET VALUE
Municipal Bonds			
Regional Municipality of Waterloo - 9.375%, due December 4, 2000	850,000	\$ 898,195	\$ 897,186
Corporate Bonds			
Bank of Montreal B/A - 10.60%, due December 20, 1998	250,000	248,000	282,813
Bombardier Inc. - 11.10%, due May 15, 2001	300,000	303,750	336,750
Canadian National Railway - 12.25%, due May 1, 2005	541,000	538,295	574,136
Federal Business Development Bank - 11.50% due March 29, 1995	500,000	543,750	540,650
Loblaw Companies Ltd. - 9.75% due September 30, 2001	500,000	536,350	534,750
Maritime Telegraph and Telephone - 9.90% due May 1, 1997	1,000,000	1,020,000	1,071,250
New Brunswick Telephone Company Ltd. - 9.70% due June 15, 1997	700,000	745,640	738,500
Royal Bank of Canada - 11.00% due January 11, 2002	250,000	259,075	286,250
- 10.50% due March 1, 2002	350,000	350,000	390,250
		4,544,860	4,755,349
National Housing Act - Mortgage-Backed Securities			
Canada Trust - 7.75% due July 1, 1997	868,161	846,717	863,846
National Bank - 8.375% due April 1, 1997	784,186	774,117	792,051
Royal Trust - 8.625% due April 1, 1997	774,245	762,291	787,097
		2,383,125	2,442,994
TOTAL BONDS		\$42,119,245	\$43,531,684

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

COMMON STOCK FUND

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Communications and Media			
Quebecor Inc. Class B	46,500	\$ 624,036	\$ 930,000
Rogers Communications Inc. Class B	68,000	853,400	1,215,500
Southam Inc.	6,000	96,001	107,250
The Thomson Corporation	55,000	732,333	845,625
		2,305,770	3,098,375
Consumer Products			
Ault Foods Ltd.	4,800	68,614	79,200
Imasco Ltd.	17,500	680,785	645,313
Labatt (John) Ltd.	24,000	207,387	213,000
Oshawa Group Ltd. Class A	27,500	644,876	632,500
Seagram Co. Ltd.	33,700	1,149,985	1,234,262
		2,751,647	2,804,275
Financial Services			
Bank of Montreal	50,000	790,025	1,275,000
Bank of Nova Scotia	43,000	704,701	1,080,375
Royal Bank of Canada	5,300	141,910	150,388
Toronto Dominion Bank	39,800	663,840	721,375
		2,300,476	3,227,138
Gold and Silver			
American Barrick Resources Corp.	24,000	278,504	699,000
Placer Dome Inc.	36,500	540,200	825,812
		818,704	1,524,812
Industrial Products			
Bombardier Inc. Class B	26,600	360,430	299,250
Brascan Ltd. Class A	40,800	764,135	459,000
Circo Craft Company Inc.	92,000	529,126	540,500
Circo Craft Company Inc. Warrants	46,000	34,374	64,400
Methanex Corp.	81,800	672,771	777,100
Moore Corp. Ltd.	32,000	701,440	708,000
Newbridge Networks Corp.	12,300	511,065	1,074,713
Northern Telecom Ltd.	13,000	567,648	586,625
Nova Corp. of Alberta (Canada)	102,000	832,769	981,750
		\$ 4,973,758	\$ 5,491,338

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

COMMON STOCK FUND (continued)

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Management Companies			
Canadian Pacific Ltd.	98,800	\$ 1,742,027	\$ 2,099,500
International Semi-tech Microelectronic Inc. Class A	37,000	640,101	772,375
		2,382,128	2,871,875
Merchandising			
Canadian Tire Corp. Ltd. Class A	25,500	551,916	344,250
Metals and Minerals			
Alcan Aluminum Ltd.	38,000	883,497	931,000
Cameco Corp.	19,900	358,286	412,925
Cominco Ltd.	25,000	588,682	390,625
Inco Ltd.	19,000	675,315	543,875
Metall Mining Corp.	40,000	489,226	440,000
Metall Mining Corp. Warrants	12,500	22,500	6,250
Noranda Inc.	38,500	731,650	779,625
Sheritt Gordon Ltd.	86,000	649,300	720,250
		4,398,456	4,224,550
Oil and Gas			
Canadian Occidental Petroleum Ltd.	26,000	669,500	767,000
Chieftain International Inc.	30,000	645,000	750,000
Home Oil Company Ltd.	30,100	506,726	571,900
Pancanadian Petroleum Ltd.	10,900	322,096	456,438
Ranger Oil Ltd.	75,900	639,966	512,325
Renaissance Energy Ltd.	42,500	637,921	1,259,062
Talisman Energy Inc.	106,000	1,123,600	2,317,425
		4,544,809	6,634,150
Paper and Forest Products			
Canfor Corporation	28,704	728,823	1,140,984
MacMillan Bloedel Ltd.	39,000	707,788	833,625
Quno Corporation	34,300	514,500	662,419
Tembec Inc. Class A	43,000	475,150	370,875
		\$ 2,426,261	\$ 3,007,903

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN
INVESTMENT PORTFOLIOS

As at May 28, 1993

COMMON STOCK FUND (continued)			
CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Pipelines			
Transcanada Pipelines Ltd.	40,000	\$ 702,429	\$ 750,000
Real Estate and Construction			
Trizec Corp., Ltd. Class A	22,000	292,380	37,400
Transportation			
Laidlaw Inc. Class B	61,500	827,314	653,437
Utilities			
C-Mac Industries Inc.	50,000	362,500	775,000
Call-Net Enterprises Inc.	39,000	526,500	784,875
Telelobe Inc.	66,000	811,800	1,146,750
		1,700,800	2,706,625
TOTAL CANADIAN EQUITIES (86.12%)		\$30,976,848	\$37,376,128

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

COMMON STOCK FUND (continued)

UNITED STATES EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Basic Industries			
American Cyanamid Co.	2,500	\$ 178,052	\$ 164,794
Corning Incorporated	2,500	89,160	105,230
Phelps Dodge Corp.	2,500	169,206	146,527
Scott Paper Co.	3,500	170,262	161,220
Union Carbide Corp.	5,100	130,410	122,321
		737,090	700,092
Capital Goods			
Computer Associates International Inc.	4,100	82,434	147,179
EG & G Inc.	5,000	130,627	154,867
General Electric Co.	2,700	246,850	318,215
Novell Inc.	3,200	111,091	114,871
		571,002	735,132
Capital Goods - Technology			
Computer Sciences Corporation	1,900	160,785	179,566
E - Systems Inc.	2,500	107,661	127,864
Equifax Inc.	5,000	111,724	126,276
Thermo Electron Corp.	2,700	150,613	205,853
		530,783	639,559
Consumer Growth			
Belmac Corp.	9,200	93,690	37,263
BPI Packaging Technologies Inc.	8,700	77,879	70,476
Bristol-Myers Squibb Co.	1,600	113,904	121,987
Fruit of the Loom Inc. Class A	1,900	100,185	90,839
Gillette Co.	2,000	92,955	131,518
Johnson & Johnson	2,400	56,656	136,092
Lilly (Eli) & Co.	1,400	123,651	90,728
Paramount Communications Inc.	2,500	137,923	170,750
Pepsico Inc.	3,400	86,350	156,614
Roberts Pharmaceutical Corp.	1,200	35,918	35,834
St. Jude Medical Inc.	4,000	155,846	171,545
		\$ 1,074,957	\$ 1,213,646

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

COMMON STOCK FUND (continued)

UNITED STATES EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Credit Cyclical			
Federal National Mortgage Association	1,700	\$ 56,966	\$ 164,174
Invacare Corp.	4,000	104,353	128,341
		161,319	292,515
Defensive Consumer Staples			
Fingerhut Companies Inc.	3,700	120,792	193,940
Philip Morris Inc.	2,400	164,695	153,628
		285,487	347,568
Energy			
Oryx Energy Company	4,800	123,131	130,374
Valero Energy Corp.	4,500	128,663	139,380
Williams Companies	2,600	136,202	161,474
		387,996	431,228
Financial			
Banc One Corp.	1,700	112,945	115,570
Chemical Banking Corp.	2,300	125,871	112,155
First Fidelity Bancorp, Inc.	2,000	124,843	114,998
First Financial Management Corp.	4,300	175,749	224,025
Primerica Corp.	2,600	109,564	153,215
Student Loan Marketing Association	2,700	177,651	153,532
		826,623	873,495
Conglomerates			
Hanson Plc	5,000	103,170	115,157
Loews Corp.	1,100	154,395	131,390
		257,565	246,547
Utilities			
American Telephone & Telegraph Co.	3,500	199,275	273,518
Tele Communications Inc. Class A	5,100	120,194	147,433
Telefonos De Mexico S.A.	2,000	125,572	123,894
		445,041	544,845
TOTAL UNITED STATES EQUITIES (13.88%)		5,277,863	6,024,627
TOTAL COMMON STOCKS (100.00%)		\$36,254,711	\$43,400,755

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

MONEY MARKET FUND

BONDS	PAR VALUE	COST	MARKET VALUE
Government of Canada			
September 6, 1993 - 8.75%	1,600,000	\$ 1,614,896	\$ 1,614,432
Provincial Bonds			
Ontario Hydro - 10.25% due June 16, 1993	510,000	506,195	508,710
British Columbia - 9.75% due July 6, 1993	780,000	771,779	775,913
Alberta - 10.25% due November 1, 1993	900,000	917,353	918,000
Quebec Hydro - 10.00% due November 22, 1993	950,000	922,954	925,273
Quebec - 12.125% due December 5, 1993	1,300,000	1,341,613	1,343,336
Quebec - 13.40% due October 8, 1996	1,100,000	1,070,872	1,079,352
Quebec - 12.75% due June 30, 2005	1,531,250	1,516,504	1,524,482
		7,047,270	7,075,066
TOTAL BONDS		\$ 8,662,166	\$ 8,689,498

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

BALANCED FUND

BONDS	PAR VALUE	COST	MARKET VALUE
Government of Canada			
September 6, 1993 - 8.75%	609,000	\$ 628,559	\$ 615,090
October 1, 1997 - 9.75%	369,000	404,506	404,055
July 1, 2000 - 10.50%	275,000	313,362	316,594
September 1, 2000 - 11.50%	374,000	427,745	450,670
May 1, 2002 - 10.00%	300,000	339,270	342,000
December 15, 2002 - 11.25%	85,000	97,402	103,912
June 1, 2008 - 10.00%	89,000	92,622	102,572
March 15, 2014 - 10.25%	87,000	103,095	103,639
June 1, 2021 - 9.75%	543,000	617,213	627,844
		3,023,774	3,066,376
Provincial Bonds			
Manitoba - 9.75% due September 3, 2002	136,000	137,136	149,770
Manitoba - 9.75% due May 15, 2011	78,000	77,902	85,897
Newfoundland - 10.625% due May 30, 1998	89,000	88,763	96,733
Ontario Hydro - 10.875% due January 8, 1996	250,000	270,825	271,250
Ontario Hydro - 10.625% due February 19, 1997	264,000	272,184	289,740
Ontario - 10.75% due May 1, 1996	284,000	310,812	309,560
Ontario - 10.25% due October 3, 1996	161,000	168,585	174,484
Ontario - 10.875% due January 10, 2001	142,000	158,875	161,525
Ontario - 9.50% due July 13, 2022	300,000	299,400	316,125
Quebec - 10.25% due April 7, 1998	125,000	135,388	137,188
Quebec - 10.25% due October 15, 2001	250,000	278,075	274,875
Quebec Hydro - 12.50% due September 30, 1993	112,000	115,528	113,260
Quebec Hydro - 10.00% due September 26, 2011	210,000	219,261	227,588
Saskatchewan - 10.00% due November 21, 1994	277,000	282,955	289,811
		2,815,689	2,897,806
Municipal Bonds			
City of Montreal - 10.00% due September 30, 1998	447,000	427,421	453,826
Regional Municipality of Waterloo - 9.375% due December 4, 2000	112,000	118,351	118,217
		\$ 545,772	\$ 572,043

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

BALANCED FUND (continued)

BONDS	PAR VALUE	COST	MARKET VALUE
Corporate Bonds			
Abitibi-Price Inc. - 7.85% due March 1, 2003	20,000	\$ 20,000	\$ 22,600
Bombardier Inc. - 11.10% due May 15, 2001	105,000	106,313	117,862
Canadian Government Real Return Bond - 4.25% due December 1, 2021	208,000	205,892	207,089
Canadian National Railway - 12.25% due May 1, 2005	46,000	45,770	48,817
Loblaw Companies Ltd. - 9.75% due September 30, 2001	67,000	71,871	71,656
Norcen Energy - 5.00% due March 30, 2007	45,000	43,739	40,950
Royal Bank of Canada - 11.00% due January 11, 2002	78,000	80,831	89,310
- 10.50% due March 1, 2002	107,000	107,000	119,305
Royal Trust GIC - 10.70% due March 1, 1994	125,000	124,950	126,934
Sears Canada Inc. - 11.70% due July 10, 2000	107,000	107,000	109,809
Trizec Corp. Ltd. - 10.25% due June 22, 2009	36,000	31,050	23,940
		944,416	978,272
National Housing Act - Mortgage-Backed Securities			
Canada Trust - 7.75% due July 1, 1997	159,163	155,231	158,372
National Bank - 8.375% due April 1, 1997	142,579	140,749	144,009
Royal Trust - 8.625% due April 1, 1997	150,156	147,838	152,649
- 7.25% due October 1, 1997	68,372	65,102	66,976
		508,920	522,006
TOTAL BONDS		\$ 7,838,571	\$ 8,036,503

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

BALANCED FUND (continued)

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Communications and Media			
MacLean Hunter Ltd.	11,600	\$ 144,344	\$ 130,500
Quebecor Inc. Class B	9,500	104,880	190,000
Southam Inc.	7,300	116,801	130,488
The Thomson Corporation	12,200	150,945	187,575
Torstar Corp. Class B	2,700	66,987	61,762
		583,957	700,325
Consumer Products			
Ault Foods Ltd.	1,080	15,438	17,820
Imasco Ltd.	3,400	133,022	125,375
Labatt (John) Ltd.	5,400	46,662	47,925
Oshawa Group Ltd. Class A	5,400	129,050	124,200
Seagram Co. Ltd.	6,500	222,569	238,063
		546,741	553,383
Financial Services			
Bank of Montreal	9,800	173,825	249,900
Bank of Nova Scotia	10,200	200,431	256,275
RFC Resources Finance Corp.	22,400	44,800	12,768
Royal Bank of Canada	1,200	26,942	34,050
Toronto Dominion Bank	9,000	97,865	163,125
		543,863	716,118
Gold and Silver			
American Barrick Resources Corp.	5,000	60,101	145,625
Placer Dome Inc.	5,900	95,862	133,487
		155,963	279,112
Industrial Products			
Bombardier Inc. Class A	6,700	57,821	75,375
Brascan Ltd. Class A	7,200	136,830	81,000
Methanex Corp.	16,900	139,452	160,550
Moore Corp. Ltd.	8,100	179,290	179,213
Northern Telecom Ltd.	3,600	169,183	162,450
Nova Corp. of Alberta (Canada)	21,500	178,991	206,937
		\$ 861,567	\$ 865,525

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

BALANCED FUND (continued)

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Management Companies			
Canadian Pacific Ltd.	19,500	\$ 323,817	\$ 414,375
<u>International Semi-tech Microelectronic Inc. Class A</u>	<u>7,200</u>	<u>129,784</u>	<u>150,300</u>
		453,601	564,675
Merchandising			
Canadian Tire Corp. Ltd. Class A	5,400	116,854	72,900
<u>Reitmans Canada Ltd. Class A</u>	<u>3,000</u>	<u>53,881</u>	<u>62,625</u>
		170,735	135,525
Metals and Minerals			
Alcan Aluminum Ltd.	7,700	175,630	188,650
Cameco Corp.	4,500	80,996	93,375
Cominco Ltd.	5,200	110,240	81,250
Denison Mines Ltd. Class B	9,300	49,988	2,604
Inco Ltd.	3,600	126,345	103,050
Metall Mining Corp.	6,300	76,967	69,300
Metall Mining Corp. Warrants	4,500	8,100	2,250
Noranda Inc.	8,400	155,593	170,100
Princeton Mining Corp. - Debentures	89,000	89,000	57,850
<u>Sherritt Gordon Ltd.</u>	<u>15,700</u>	<u>120,262</u>	<u>131,488</u>
		993,121	899,917
Oil and Gas			
Canadian Occidental Petroleum Ltd.	5,800	151,410	171,100
Chieftain International Inc.	4,800	121,469	120,000
Home Oil Company Ltd.	5,900	98,825	112,100
Ranger Oil Ltd.	31,800	232,995	214,650
Renaissance Energy Ltd.	6,800	102,958	201,450
Talisman Energy Inc. - 2nd Instalment Receipts	1,300	16,205	28,421
<u>Talisman Energy Inc.</u>	<u>9,000</u>	<u>150,064</u>	<u>234,000</u>
		873,926	1,081,721
Paper and Forest Products			
Canfor Corporation	4,500	119,388	178,875
MacMillan Bloedel Ltd.	6,900	124,311	147,487
Quno Corporation	6,700	100,500	129,394
<u>Tembec Inc. Class A</u>	<u>9,000</u>	<u>91,575</u>	<u>77,625</u>
		\$ 435,774	\$ 533,381

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

BALANCED FUND (continued)

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Pipelines			
Transcanada Pipelines Ltd.	8,200	\$ 144,278	\$ 153,750
Real Estate and Construction			
Trizec Corp., Ltd. Class A	4,500	64,921	7,650
Transportation			
Laidlaw Inc. Class A	7,200	116,232	76,500
Laidlaw Inc. Class B	8,000	81,046	85,000
		197,278	161,500
Utilities			
Teleglob Inc.	14,300	207,133	248,462
TOTAL CANADIAN EQUITIES (72.15%)		\$ 6,232,858	\$ 6,901,044

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

BALANCED FUND (continued)

UNITED STATES EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Basic Industries			
American Cyanamid Co.	1,100	\$ 78,951	\$ 72,509
Corning Incorporated	1,000	36,429	42,092
Phelps Dodge Corp.	1,000	67,457	58,611
Scott Paper Co.	1,600	77,834	73,701
Union Carbide Corp.	2,300	58,823	55,164
		319,494	302,077
Capital Goods			
Computer Associates International Inc.	1,800	36,721	64,615
EG & G Inc.	2,200	57,476	68,141
General Electric Co.	1,200	119,349	141,429
Novell Inc.	1,500	52,073	53,846
		265,619	328,031
Capital Goods - Technology			
Computer Sciences Corporation	800	67,057	75,607
E - Systems Inc.	1,000	44,313	51,146
Equifax Inc.	2,300	51,531	58,087
Thermo Electron Corp.	1,200	60,536	91,490
		223,437	276,330
Consumer Growth			
Belmac Corp.	4,000	38,207	16,201
BPI Packaging Technologies Inc.	4,500	34,587	36,453
Bristol-Myers Squibb Co.	700	49,833	53,369
Fruit of the Loom Inc. Class A	800	42,183	38,248
Gillette Co.	900	41,977	59,183
Johnson & Johnson	1,100	35,233	62,376
Lilly (Eli) & Co.	500	44,418	32,403
Paramount Communications Inc.	1,300	71,720	88,790
Pepsico Inc.	1,300	28,777	59,882
Roberts Pharmaceutical Corp.	500	19,388	14,931
St. Jude Medical Inc.	1,000	51,836	42,886
		\$ 458,159	\$ 504,722

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 28, 1993

BALANCED FUND (continued)

UNITED STATES EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Credit Cyclical			
Federal National Mortgage Association	800	\$ 27,052	\$ 77,259
Invacare Corp.	1,800	54,077	57,753
		81,129	135,012
Defensive Consumer Staples			
Fingerhut Companies Inc.	1,700	65,764	89,108
Philip Morris Inc.	1,100	71,142	70,413
		136,906	159,521
Energy			
Oryx Energy Company	2,200	56,376	59,755
Valero Energy Corp.	2,000	57,344	61,946
Williams Companies	1,300	67,303	80,737
		181,023	202,438
Financial			
Banc One Corp.	800	53,151	54,386
Chemical Banking Corp.	1,000	54,726	48,763
First Fidelity Bancorp, Inc.	900	56,180	51,749
First Financial Management Corp.	1,900	78,990	98,988
Primerica Corp.	1,200	50,568	70,714
Student Loan Marketing Association	1,200	78,956	68,237
		372,571	392,837
Conglomerates			
Hanson Plc	2,100	43,789	48,366
Loews Corp.	600	85,885	71,667
		129,674	120,033
Utilities			
American Telephone & Telegraph Co.	1,700	86,576	132,852
Tele Communications Inc. Class A	2,300	54,147	66,489
Telefonos De Mexico S.A.	700	47,351	43,363
		188,074	242,704
TOTAL UNITED STATES EQUITIES (27.85%)		2,356,086	2,663,705
TOTAL COMMON STOCKS (100.00%)		\$ 8,588,944	\$ 9,564,749

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

Year ended May 28, 1993

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with accounting principles generally acceptable for pooled trust funds. A description of accounting policies of particular significance is as follows:

Fiscal year end

The Plan's fiscal year ends on the last Friday in May. Thus the 1993 statements are for the 52 week period ended May 28, 1993, while the comparative figures shown are for the 52 week period ended May 29, 1992.

Investments

Investments are stated at market value and are recorded as of the trade date. Market value is determined on the following basis:

- i) Stocks listed on a recognized stock exchange are valued at their closing sale prices on valuation date.
- ii) Bonds are valued at the average of bid and ask prices as of the valuation date.
- iii) Units of The Imperial Life Assurance Company of Canada are valued on the last business day of each week by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

Valuation of units

Units are valued for the purposes of issue or redemption as at the close of business on the last business day of each week by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

Income

Dividends are recognized as income on the ex-dividend date. Interest income is accrued at the stated rate of the debt security.

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

Year ended May 28, 1993

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions, transfers, terminations

All contributions, transfers and terminations made by the participants of the plan have been accounted for on an accrual basis.

Foreign currency translation

The purchase and sale of foreign investments and related foreign revenue and expenses are recorded in Canadian dollars using the exchange rates prevailing on the respective dates of such transactions. The market value of investments is stated at the prevailing rate of exchange on valuation day.

2. ADMINISTRATION FEES

The Plan pays an investment management fee to the fund manager, Canagex Associates Inc., a member of the Laurentian Group of Companies, and an administration fee to Canadian Dental Service Plans Inc.. The combined investment management and administration fees are calculated as follows:

Common stock, bond and mortgage and balanced funds

- on a sliding scale based on net assets of the individual funds, payable on a weekly basis as follows:

- .95 of 1% on the first \$15 million
 - .88 of 1% on the next \$15 million
 - .80 of 1% on the next \$20 million
 - .75 of 1% in excess of \$50 million

Money market fund

- 0.55 of 1% per annum, calculated on the net assets of the fund, payable on a weekly basis.



MEMORANDUM

October 22, 1993

TO: Chairman and Members, Board of Governors
FROM: Jardine Neilson, Executive Director *J. Neilson*
SUBJECT: Motions approved by Executive Council on behalf of the Board of Governors

CANADIAN
DENTAL
ASSOCIATION

L'ASSOCIATION
DENTAIRE
CANADIENNE

OFFICE
OF THE
EXECUTIVE
DIRECTOR

CABINET
DU
DIRECTEUR
GÉNÉRAL

At its September meeting, held in Ottawa, the CDSPI Board of Directors, acting as the Council on Insurance and Investment, approved various recommendations from CDSPI Management Committee on improvements and changes to CDIP.

Executive Council approved the recommendations (Appendix I) on behalf of the Board of Governors, in order that they be implemented on January 1, 1994. These items will be presented as information to Governors in the Executive Council report to the 1994 Interim Meeting.

APPENDIX

Recommendation 2, Appendix I relates to resolution 93.78 which is attached as background information (Appendix II).

APPENDIX

These actions taken by Executive Council on behalf of the Board of Governors are hereby reported, as required by Article IX, Section 7 of the CDA Constitution and By-laws.

c.c. CEOs - Corporate Members
Dr. Rod Moran, Chairman, Council on Insurance and Investment
Mr. Kingsley Butler, Executive Vice-President, CDSPI
Dr. Ron Markey, CDA Member at large, CDSPI

/sfb



NOTE

le 22 octobre 1993

AU: Président et membres du Bureau des gouverneurs
DE: Jardine Neilson, Directeur général *J. Neilson*
OBJET: Résolutions approuvées par le conseil exécutif au nom
du bureau des gouverneurs

CANADIAN
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DIRECTEUR
GÉNÉRAL

Lors de sa réunion du mois de septembre à Ottawa, agissant à titre de Conseil des assurances et placements, le Conseil d'administration du CDSPI a approuvé diverses recommandations de son comité de direction concernant les améliorations et les modifications à apporter au RADC.

Le Conseil exécutif a approuvé les recommandations (Annexe I) au nom du Bureau des gouverneurs afin qu'elles puissent être appliquées le 1^{er} janvier 1994. Le conseil inclura ces décisions à titre d'information dans le rapport qu'il présentera à l'assemblée provisoire de 1994 du Bureau des gouverneurs.

ANNEXE I

La recommandation n° 2 de l'annexe I se rapporte à la résolution n° 93.78 jointe à la présente comme complément d'information (Annexe 2).

ANNEXE II

Le Conseil exécutif rend ainsi compte des mesures qu'il a prises au nom du Bureau des gouverneurs, ainsi que l'exige le paragraphe 7 de l'article IX des Statuts et règlements de l'ADC.

pièces jointes

- c.c. Directeurs généraux des organisations membres (participants au RADC)
Dr. Rod Moran, Président, Conseil des assurances et placements
M. Kingsley Butler, Vice-président exécutif, CDSPI
Dr. Ron Markey, membre, CDSPI

APPENDIX I

Recommendations from the Council on Insurance and Investment approved by Executive Council, October, 1993

1. THAT the CDIP Benefit Plans be renewed with the Prudential Group Assurance Company of England (Canada) for 1994.
2. THAT the 1994 CDIP Life premiums be reduced by 8%; and that a separate special account equal to 3% of premium be established.
3. THAT the 1994 CDIP Long Term Disability premiums be realigned to be more competitive at certain age bands, with no rates being increased to accomplish this realignment; any part of the 4% surcharge remaining after this realignment will be established in a separate special account.
4. THAT the 1994 Office Overhead Expense plan of CDIP be renewed at the 1993 premium rates.
5. THAT the 1994 Dependent Life and Dentist Staff Plans of CDIP be renewed at the 1993 premium rates.
6. THAT effective January 1, 1994, CDIP Life coverage can be underwritten on the basis of Waiver of Premium being an exclusion.
7. THAT subject to Prudential agreeing, smoker/non-smoker rates be implemented for CDIP LTD, and Office Overhead coverage effective January 1, 1994.
8. THAT effective January 1, 1994, American Home be the insurance carrier for CDIP AD & D coverage.
9. THAT a two year rate guarantee with American Home and AD&D be implemented for CDIP AD & D program.
10. THAT CDIP AD & D Plan maximum be increased to \$500,000; and the minimum increased to \$50,000 for new applications.
11. THAT the 1994 CDIP AD & D premiums be \$2.30 gross for single comprehensive coverage and \$3.45 gross for family comprehensive coverage per units of \$10,000.

APPENDIX II

- 93.78** **THAT, subject to complete agreement and approval by legal counsel, the 1994 premium rates for the CDIP Life Plan for January 1, 1994 be reduced by a portion of the available reduction, and that the balance be retained as surplus which could be used for payment in 1995 as a premium rebate to 1994 participants.**

ADOPTED

The Board of Governors directs that the applicable rates and percentages be provided to Management and Executive Council for approval at their meetings in October, 1993.



MEMORANDUM

November 26, 1993

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

TO: Chairman and Members, Board of Governors

FROM: Jardine Neilson, Executive Director *JN*

SUBJECT: Motions approved by Management Committee on behalf of the Board of Governors - - CDIP Plan, effective January 1, 1994 *S.D.*

OFFICE
OF THE
EXECUTIVE
DIRECTOR

CABINET
DU
DIRECTEUR
GÉNÉRAL

Following the October Executive Council meetings, further recommendations for changes to CDIP to take effect January 1, 1994, were received from CDSPI Management.

Management Committee approved the recommendations (Appendix I) on behalf of Executive Council, in order that they be implemented on January 1, 1994. CDSPI has confirmed that the limits for the Life (\$499,000) and LTD plan (\$4,000) indicated do not change the amount an individual can claim, but limit the risk to the CDIP plan. Prudential, as the co-insurer, covers any additional amount. The apportionment of retention charges and premiums referred to in Resolution #3 indicates how CDIP and Prudential are compensated for their respective share of the risk.

APPENDIX I

This action is being reported as required under Article XI, Section 7 of the CDA Constitution and By-laws and will be presented by Executive Council at the 1994 Interim Meeting of the Board of Governors as information.

c.c. CEOs - Corporate Members (co-sponsors of CDIP)
Dr. Rod Moran, Chairman, Council on Insurance and Investment
Mr. Kingsley Butler, Executive Vice-President, CDSPI
Dr. Ron Markey, CDA Member at large, CDSPI

/sfb

APPENDIX I

Resolution #1:

THAT the CDIP Life Plan should be limited to a maximum charge per death claim of \$499,000.

Resolution #2:

THAT the CDIP LTD plan should be limited to a maximum charge per monthly claim of \$4,000.

Resolution #3:

THAT retention charges and premiums paid will be apportioned on a formula basis to be developed based on a similar apportionment to the amount of risk being charged to the plan.

Resolution #4:

THAT the pooling arrangement would take place on all claims after December 31, 1993.

MEMORANDUM

January 11, 1994

TO: Chairman & Members, Board of Governors

FROM: Jardine Neilson, Executive Director *J. Neilson*

SUBJECT: Appointment of Provisional Directors -
Dentistry Canada Fund

CANADIAN
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DENTAIRE
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At the 1993 Annual Meeting, a resolution was adopted approving the merger of the existing CDA charities and trusts under the name Dentistry Canada Fund (DCF). Governors also directed that any by-law implications involved in the merger be identified, and that by-laws for the new fund-raising entity be developed and brought forward for Board approval.

The effective date for the launch of the Dentistry Canada Fund advertising and solicitation campaign is January, 1994. In order to provide the DCF with a decision-making body prior to the formal approval of its by-laws, the Executive Council, acting on behalf of the sole member of the new organization, the CDA Board of Governors, appointed Provisional Directors of the DCF Board. Appended to this memorandum are the names of the individuals so appointed.

Work is proceeding on the development of objects for the DCF which will combine the unique objectives of CFDE, CDF and the other charities and trusts involved in the amalgamation. The by-laws will then be developed and brought to the Board of Governors for approval as appropriate.

Further information on this matter will be presented to Governors at the 1994 Interim Meeting.

Attachment

/nc

c.c.: Executive Council
Corporate Members, CEOs



NOTE

Le 11 janvier 1994

Aux: Président et membres du Bureau des gouverneurs
De: Jardine Neilson, directeur général *J. Neilson*
Object: Nomination du conseil provisoire d'administration du Fonds
Dentisterie Canada

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CANADIENNE

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DU
DIRECTEUR
GÉNÉRAL

L'assemblée annuelle de 1993 a adopté une résolution approuvant la fusion des organismes de bienfaisance et des fiducies de l'ADC sous le titre de Fonds Dentisterie Canada (FDC). Les gouverneurs ont aussi demandé de déceler toute disposition du règlement touchée par la fusion et d'élaborer, pour le nouveau service de collecte de fonds, un règlement qui sera soumis à l'approbation du Bureau.

On a prévu lancer la campagne de publicité et de souscription du Fonds Dentisterie Canada au mois de janvier 1994. Afin de doter le FDC d'un organisme décisionnel avant l'approbation officielle de son règlement, le Conseil exécutif, agissant au nom du seul membre du nouvel organisme, le Bureau des gouverneurs de l'ADC, a désigné les membres du conseil provisoire d'administration du FDC. Vous en trouverez la liste en annexe.

On poursuit actuellement la rédaction des objets du FDC qui regrouperont les objectifs particuliers du FCED, de la Fondation dentaire canadienne, des autres organismes de bienfaisance et des fiducies. Le règlement sera ensuite mis au point et soumis à l'approbation du Bureau des gouverneurs.

D'autres renseignements suivront à ce sujet lors de l'assemblée provisoire de 1994 des gouverneurs.

p.j.

c.c.: Conseil exécutif
Directeurs généraux - organisations membres

APPENDIX I

PROVISIONAL DIRECTORS

Mr. Arthur Zwingenberger
President, Sci-Can
Toronto, Ontario

Dr. David Singer
University of Manitoba
Winnipeg, Manitoba

Dr. Donald O'Connor
Ottawa, Ontario

Dr. Robert Dupont
Montreal, Québec

Dr. Gordon Thompson
University of Alberta
Edmonton, Alberta

Dr. Arthur Schwartz
Ashern, Manitoba

Mr. Don Pamenter
Executive Director
Nova Scotia Dental Association
Halifax, Nova Scotia

Dr. Bradley Holmes
Kenora, Ontario

Dr. Douglas Smith
Belleville, Ontario

Dr. John Silver
University of British Columbia
Vancouver, B.C.

CDAnet COMMITTEE

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Bernie Dolansky, Ottawa - Chairman
Dr. Mac Balfour, Ontario
Dr. Jim Brass, British Columbia
Dr. Alf Dean, Atlantic Provinces
Dr. Luc Dugal, Alberta
Dr. Bill Glave, Ontario
Dr. Don Gutkin, Manitoba/Saskatchewan

Executive Liaison: Dr. John Diggins, Vancouver

Staff: Ms. Patricia Duminy
Ms. Susan Matheson

1. Committee Meeting

The CDAnet Committee has met twice since the report to the 1993 Annual Board, on September 26-27, 1993 and January 23, 1994.

ITEMS REQUIRING BOARD ACTION

2. Agreement between CDA and MSA, CU&C of British Columbia

APPENDIX I

The CDA and CDSBC have been negotiating with the British Columbia Not-For-Profit Insurance Companies, MSA and CU&C, to bring these companies on board CDAnet. In January 1994 Dr. Dolansky, Dr. Wenn, CDA President, and Mr. Jardine Neilson met with CDSBC to finalize the legal and financial agreements to bring MSA and CU&C on to CDAnet.

The following recommendation was approved by Executive Council at its February Pre-Board Meeting, and is presented for Board ratification.

RESOLVED:

- 94.14** **THAT the CDAnet Agreement with British Columbia Not-For Profit Claims Processors, as outlined in Appendix I, be approved in principle, with authority to approve the final agreement given to Executive Council.**

ADOPTED

3. **NDC Licence Agreement****APPENDIX II**

The CDA entered into negotiations to obtain a license agreement for the NDC communications gateway software PC ASSIST. This license agreement will allow British Columbia dentists on CDAnet to communicate electronically with the B.C. Not-For-Profit Claims Processors utilizing the PC ASSIST gateway. The CDA and CDSBC will jointly develop and own CDA Claimsware, a software package for Not-For-Profit Claims Processors. CDA Claimsware is a software package designed to allow the claims processor's computer to communicate with PC ASSIST.

CDA will have the sole responsibility for the marketing and distribution of CDA Claimsware. CDA Claimsware will be sub-licensed to MSA, CU&C, and other Not-For-Profits.

The following recommendation was approved by Executive Council at its February Pre-Board Meeting, and is presented for Board ratification.

RESOLVED:

94. 15 **THAT the CDA/NDC License Agreement, as outlined in Appendix II, be approved in principle, with authority to approve the final agreement given to Executive Council.**

ADOPTED4. **CDAnet PLUS (CDAnet Value Added Services)****APPENDIX III**

Dr. Dolansky on behalf of the Committee has continued to meet with NDC to finalize negotiations with regard to CDAnet Value Added Services. The joint venture agreement that will permit CDA/NDC to launch CDAnet Value Added Services is attached as Appendix III.

The following recommendation was approved by Executive Council at its February Pre-Board Meeting, and is presented for Board ratification.

RESOLVED:

- 94.16 **THAT the CDA/NDC Value Added Services Agreement, as outlined in Appendix III, be approved in principle, with authority to approve the final agreement given to Executive Council.**

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****5. Update on Royalty Payments**

Negotiations were initiated with both ACE and Interassure with regard to the continued payment of \$.10 per claim, to CDA, following the expiry of the present four (4) year contract. The Committee is pleased to confirm to the Board that payments of \$.10 per claim will continue on an annual renewal basis following the October 1994 expiry of the present contract.

6. CDAnet Statistics

The number of offices and dentists on CDAnet, per province as of February 23, 1994

<u>Province</u>	<u>No. of Offices</u>	<u>No. of Dentists</u>
Alberta	143	251
BC	175	274
Manitoba	61	121
New Brunswick	8	16
Nova Scotia	18	42
Newfoundland	14	32
N.W.T.	2	8
Ontario	701	1349
P.E.I.	1	1
Quebec	76	124
Saskatchewan	24	42
Yukon	0	0
	---	---
TOTALS	1223	2260

The amount of revenue received for the CDAnet project as of January 17, 1994 for Shared Health Network Services (SHNS) is \$65,060.15 and for National Data Corporation (NDC) the amount is \$66,718. for a total of \$131,778.15

7. **CDAnet Certified Software Vendors**

As of January 1994, the following software companies have completed Certification with both networks and CDA:

Abel Computer Systems Ltd.	Alpha Bytes Computer Corp.
APG Computing Inc.	Autopia Computer Products
CDSPI	CLG Computer Consulting Inc.
Computer Station	Core Systems
Cortex Computer Systems	Dialog Medical Systems Inc.
DMS	Domtrak
Exan	Execu-dent
Genie (Ho & Assocs.)	Harr-Comm Technology
Logic Tech	Healthcare Communications
Maxim	Medical Dental Data Systems
Norburn	Pharmaid
Zadall Systems Group Inc.	

8. **Insurer Participation and Status**

The following insurance companies are processing claims on a REAL TIME basis:

Sun Life	Canada Life
Great West Life	Mutual Life
Confederation Life	Aetna
National Life	Alberta School Employee Benefit Plan
Prudential Insurance of America	Maritime Life Assurance Company

The following companies are processing claims on a BATCH basis:

Metropolitan Life	Manulife	Ontario Blue Cross
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9. **Meeting with Claims Processors**

The Chairman continues to meet with the Claims Processor groups (ACE and Interassure) on a regular basis to discuss ongoing improvements to the system.

10. **Update on Legal Action Against VCS Technologies**

The CDA has reached an settlement with VCS Technologies and a verbal update will be given at the Board Meeting.

11. **CDAnet Management Committee**

The CDAnet Management Committee continues to meet to facilitate communications relating to CDAnet and CDAnet PLUS (Value Added Services). The Management Committee is made up of CDA staff from Communications, Administration and Professional Services Departments as the CDAnet projects impact on these departments within CDA. The Committee has been meeting to discuss implementation of CDAnet Value Added Services as well as CDAnet operations. This information is forwarded to the CDAnet Chairman, who attends when required, and CDAnet Committee members.

12. **Marketing Activities**

CDAnet continues to be marketed to Canadian dentists via journal advertisements, Communiqué articles and advertisements in provincial newsletters. The CDAnet booth is scheduled to be at the FDI meeting and the Committee is excited at the opportunity to provide information regarding electronic claims processing (CDAnet) to our colleagues around the world.

The Committee established a marketing plan, with the assistance of the Member Services Manager, that identifies the activities that will be developed over the next year to promote CDAnet and CDAnet PLUS. Activities planned include:

- advertising print materials
- CDAnet PLUS logo
- CDAnet PLUS screens on the system
- the sale of On-Line advertising will be available to the dental industry throughout the system
- direct mailing to canadian dentists

- CDAnet PLUS will be marketed at FDI
- information sessions for dentists
- special journal issue
- CDAnet PLUS vendor kit for the software companies

13. **Marketing CDAnet to Other Dental Organizations**

The Committee is exploring the possibility of marketing CDA's expertise in electronic date interchange systems for dentistry to American State Dental Associations.

14. **Closing Comments by Chairman**

I wish to Thank the Committee members for their continued support in the promotion and marketing of CDAnet. I also wish to acknowledge the large contribution of the entire CDAnet Staff Management Committee. The Committee also wishes to thank Pat Duminy, Susan Matheson, Brian Henderson and Carol Anne St. Laurent for their efforts in support of the CDAnet Committee.

Respectfully submitted,

Bernard Dolansky, B.A., D.D.S., M.S.
Chairman, CDAnet Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the CDAnet Committee.

APPENDIX I, II, III

The final agreements have not been reproduced for the CDA

Transactions and will be available at CDA offices.

COMMUNICATIONS STEERING COMMITTEE

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. James Brookfield, Kirkland Lake - Chairman
Dr. John Diggins, Vancouver
Dr. Toby Gushue, St. John's
Dr. Bernie White, Saskatoon

Coordinator: Miss Linda Teteruck

1. **Committee Meetings**

The Committee has met once since the Annual Board meeting - on November 5, 1993.

ITEMS FOR INFORMATION - REQUIRING BOARD ACTION

2. **Restructuring the Membership and Steering Committees**

The Committee spent considerable time reviewing the structure and terms of reference of both the Membership and Steering Committees. Currently the Membership Committee is a subcommittee of the Steering Committee and reports to the Board through the Steering Committee. This has resulted in inefficiencies and delays in implementing recommendations from the Membership Committee, particularly when each committee meets at a different time. This situation was made more complex with the introduction of the Ad Hoc Committee on Membership Concerns and Membership Committee's inclination to refer items to this group as well.

In recommending changes to the structure of both the Membership and Steering Committees, it was concluded that the Steering Committee would continue to have close ties to the Executive Council. In addition, it was felt that more grass roots input is required. Also, the agendas of both committees tend to overlap since many of CDA's ongoing communications activities impact on membership issues and concerns, and visa versa.

Consequently, the Steering Committee has recommended that the Membership and Steering Committees be merged to form one committee under the following structure with terms of reference amalgamated from these two committees.

RESOLVED:

- 94.17** **THAT the words " Concerns" and "grass roots" be removed from the following recommendation and proposed Terms of Reference.**

ADOPTED

RESOLVED:

- 94.18** **THAT a Committee of Communications and Membership be formed and comprised of three dentists, a recent graduate from a Canadian dental school, the Executive Council member from Ontario, the Executive Council member from Quebec, one Executive Council member from the mandatory provinces and a Chairman who will continue to be a member of Management and serve a two-year term. One of the Members from Executive Council must be the Executive Liaison to the CDAnet Committee. The Committee will hold at least one meeting per year in conjunction with the CDAnet Committee or on an as-needed basis.**

ADOPTED

APPENDIX I

The Board of Governors requests that the Committee address the staggering of members' terms.

Incorporated in the terms of reference of this new committee, will be the responsibility of the grass roots members of the committee to help the Membership Services Manager deal with detailed membership issues on an ad hoc or consulting basis.

3. CDAnet/Value Addeds

The Committee spend a considerable amount of time discussing the relationship between the new Membership/Steering Committee and CDAnet Committee, and how membership benefit decisions will be made since both committees deal with this area of responsibility.

It was noted that final decisions have yet to be made on who has access to CDAnet value added. The majority of committee members favour CDA member exclusivity of CDAnet value added, but recognize the political sensitivities related to this type of decision.

In order to expedite communication between the two committees, it was suggested that the presence of the Executive Liaison to the CDAnet committee be formalized on the Steering Committee, co-ordinated back-to-back meetings be held once a year or on an as needed basis with the CDAnet Committee, and that communications staff continue to attend meetings of the CDAnet Committee on a regular basis.

The following motion was approved by Executive Council at its February Pre-Board Meeting, and is presented for Board ratification:

RESOLVED:

**94.19 THAT a fee differential be applied to CDA non-members
for access to CDAnet Plus Services.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. Membership Campaign

1993 membership figures in the voluntary provinces of Ontario and Quebec to year end indicate that CDA has predominately held its own in Ontario over the past year but membership has declined in Quebec. At the time of writing this report, results from the 1994 campaign indicate a slight increase in Ontario and a decline in Quebec. Governors were provided with updated figures at the meeting.

APPENDIX II

As a means of improving the membership campaign and ultimately increasing memberships in Ontario and Quebec, the following issues were discussed by the committee for investigation by staff:

- the possibility of changing the CDA fiscal year so that the campaign can be held at a time that does not compete with the collection of licensing and provincial association fees.

- investigating optional payment plans for ease of payment by the profession. It was noted that this type of payment is currently available to new grads but has not been extended to regular members of the profession until cost considerations and impact can be assessed.

- supporting focus group activities in Ontario to assess why dentists do not join CDA and how this can be changed. The CDA is grateful to ODA for suggesting the possibility of joining with them in this exercise.

- the possibility of initiating focus group discussions in Quebec and the eventual development of a separate CDA membership campaign in Quebec. Currently, the same campaign is run in both Ontario and Quebec with translation as required. It was noted by the committee that it might be the right time to investigate and develop a separate campaign in Quebec that is more reflective of their interests and culture. Staff have been instructed to pursue this initiative within the parameters of the current membership budget, and report back to the Steering Committee with their findings and conclusions.

5. **Membership Benefits**

A number of new and expanded membership benefits have been added to the list of programs and services that CDA offers its members. These include:

- TD Phone and Pay
- Presse Commerce Readers Services
- Avis Rent A Car
- Additions to CDA's video Library

In addition, CDA is investigating adding the Compendium of Pharmaceutical and Specialties to the CD ROM System in the Library for access by members on CDAnet Plus. It should be noted that the CDA Library has recently added CD ROM to its system for purposes of cost reduction in performing Medline searches, and for future program and service development.

6. **CDA Seminars**

In addition to programs that have been developed by the Convention Department, membership services continue to offer a limited number of quality programs to the profession. In 1993 CDA, through the generous sponsorship of Ash Temple, was able to offer the Dental Consumer of the '90s Seminar to dentists and their staff in five cities. Over 375 attended the seminar and because of the popularity of the program, Ash Temple has agreed to sponsor it in 1994 in seven additional cities beginning this February. Ash

Temple's support of the program has allowed CDA to develop and revise the seminar and handout materials, and publicize the program at no cost to CDA. As a result, registration fees have been kept low for participants and cover room, meal and speaker costs only. CDA was invited to present this seminar at the Manitoba Dental Association annual meeting in January 1994.

7. **CDA Practice Management Program**

Through its partnership with Experdent Consultants of Vancouver, CDA has been able to develop and offer workbooks and seminars to both new grads and practising members of the profession. In keeping with our original strategy, practice management lectures were held for graduating students at Saskatchewan, Dalhousie, Manitoba and U.W.O. this fall, and McGill, U.B.C. Alberta and Toronto are scheduled for early in 1994. French language presentations are being developed but because of limited manpower in this area and the costs involved, CDA may not be able to offer these lectures at Montreal and Laval until the fall of 1994. To date, the student response has been excellent and CDA has already received overtures to present again next year.

A modified version of our two-day student presentation is being adapted for the general membership with pilot lectures scheduled to be held in Toronto, Ottawa and Sudbury this winter and spring. If successful, CDA hopes to expand this lecture to other cities across Canada in the near future.

Two accompanying workbooks and cassettes are in the final stages of completion, volume one on practice and value management, and volume two on associate and transition planning. These manuals will be available at no cost to new grads who become full and active members of CDA after graduation. They will be sold to regular members and non members but at a substantial price differential. Dentists attending the CDA lecture will receive a credit toward the purchase of these materials.

Through CDSPI's support and participation in the student program, CDA has been able to offer the manuals to new grads at no cost and host a special luncheon for students on the day of the lecture.

It is anticipated that new workbooks and materials will be added to this series in the near future.

8. Publications

In order to further clarify the role of the Journal and Communiqué, and to reduce duplication and redundancy of information, mission statements have been developed for both publications. This will ensure that the focus of each publication is clearly defined, and that growth and development can occur according to an overall plan.

APPENDIX III

Communiqué will no longer be stapled into the Journal but will be polybagged with the Journal five times per year (January, March, April, June and September). A sixth issue of the Communiqué is planned for the fall period, if funds allow, in addition to the Annual Review. The focus of the Communiqué has become more news and features oriented with special sections on new grad issues and financial planning. The Journal will maintain its current mix of articles with less emphasis on dental news. Increased emphasis is being placed on obtaining more hands-on clinical, business and practice management information.

The editorial direction of the Communiqué will continue to be developed over the next year. The recent appointment of a full time writer/assistant editor for the publication, Antonia Papadakou, will assist this process. Staff are also pursuing advertising support for Communiqué to help offset production costs and allow CDA to publish the newsletter more frequently.

For the second year in a row, CDA has undertaken an Ad-Q Survey of the Journal and Communiqué. The primary purpose of the study is to ascertain how well Journal ads are read. The study also reveals information on editorial quality. Excerpts from the study reveal that readers want more clinical hands-on dentistry, that the Journal is better read than Oral Health (84% to 78%), and that the most widely read features are the editorials, practice management, clinical dentistry and letters to the Editor. Readers feel that, in general, there has been an improvement in the publication over the past few years.

1993 saw an increase in advertising revenue to the Journal and because of continued improvements in the administration and management of the publication, it is expected that the Journal will show a small surplus (excess of revenue over external expenses) again this year. This is in addition to the \$60,000 that the Journal adsorbs in internal promotion and advertising from other departments in CDA.

9. **DAP Activities and Sponsorship**

CDA's Dental Awareness activities currently revolve around the ability of CDA to obtain sponsorship dollars for most program activities. The current economic climate has made this task more difficult. A MacLean-Hunter magazine supplement on prevention has been planned for 1994 pending the availability of advertising dollars. Procter and Gamble has once again agreed to sponsor the "eggsperiment" for teachers and public school children this spring. And CDA has reached an agreement with Health Watch Magazine for development of a series of one page advertorials, again depending on advertising support. Discussions are underway with Atlantic Blue Cross on the development of a consumer pamphlet on dental care.

Through the generous sponsorship of Colgate-Palmolive, CDA was able to complete development of six new brochures to accompany the eight booklets that were introduced two years ago, and form our Dental Information System. Sales of these materials continue to be brisk although somewhat below that of 1992 and it is anticipated that the launch of the six new booklets in 1994 will reactivate interest in these materials.

1993 marks the end of Colgate's sponsorship of this program. They have committed over \$500,000 since 1990. Marketing, promotion and amendments to the program will now rest with CDA or, if possible, another sponsor.

As a result of the fact that sponsorship dollars are becoming harder to obtain, and that many of the original elements of the DAP program have been dropped or downsized due to budget considerations, it is the intent of the Steering Committee, at its next meeting, to undertake a formal review of the DAP and its future direction.

10. **Dental Health Month, Oral Health Year and the International Year of the Family**

It is noted that 1994 marks not only Oral Health year but April 7 has been designated as Oral Health Day. This ties in nicely with Dental Health Month.

In addition, 1994 marks the International Year of the Family and of course, CDA's hosting of the 1994 FDI.

Discussions are currently underway with staff and sponsors on programming that will highlight these events from a public awareness perspective.

11. **Polling of Canadians on Dental Health Issues**

One of the original elements of the DAP program was polling the public on their utilization of dental services and other dental health care issues. This was done through the Canadian Health Monitor. In 1991, it was decided to drop this activity since it was costly and was utilizing dollars that could be used to obtain sponsorship. In meetings with the communications co-ordinators of provincial dental associations, interest was expressed in a cost-sharing venture that would reactivate this service. CDA has recently developed a proposal for consideration by the provincial dental associations and awaits a reply.

12. **Merchandise**

CDA continues to offer a limited variety of merchandise for sale to the membership. The mainstay of this program is the Dental Information System developed in conjunction with Colgate-Palmolive. With the termination of their sponsorship support, CDA will undertake the full promotion of products to the membership.

With the introduction of the two new practice management manuals to the CDA inventory, it is anticipated that this will increase sales and result in increased interest in CDA products and merchandise in the future.

13. **Media Relations/Information Services**

Staff are working on compiling all CDA policies, guidelines and statements into one document that will be available to the membership as a one-stop easy reference source. This will act as a reminder to members of CDA's activities in this area and allow members to set up their own CDA policy library.

Current media interest continues to focus on infection control, the sterilization of handpieces and updates on the David Acer case. In addition, CDA attention has focused on the investigative report by CBC Prime Time News on dental insurance fraud and on the *Saturday Night* article on mercury amalgam. A letter was sent from the CDA President commenting on the biased reporting associated with both stories. CDA received very few calls from either the members or the public on these two issues.

14. **CDA Library**

As reported previously, the library has recently purchased the Medline database on CD ROM and has been able to save over \$7,000 per year since we no longer have to pay for online time. In addition, a number of new videos have been purchased to expand the current collection. An agreement with Health Canada resulted in their support in developing a library package on family violence and the role of the dental office which has been promoted to CDA members and their staff through the Journal.

The library continues to process approximately 5,000 requests per month and is active in working with the CDAnet and Steering Committees in bringing our library services online through CDAnet Plus.

15. **Meetings with Provincial Communications Co-Ordinators**

CDA staff continue to co-ordinate meetings with provincial communications co-ordinators from across the country on a yearly basis to exchange information, investigate joint programming initiatives and keep up to date. The last meeting was held on May 2, 1993 at the time of the CDA Toronto convention and the next meeting is scheduled to be held in Vancouver in conjunction with the FDI meeting in October 1994.

16. **Conclusion**

Over the past year, the primary focus of the Membership and Steering Committees has been on membership recruitment and retention, on supporting the activities of the Ad Hoc Working Group on Membership Concerns, on undertaking a structural review of how the membership and steering committees function, and on reviewing the relationship between the CDAnet Committee and membership committee in the development of CDAnet plus member benefits.

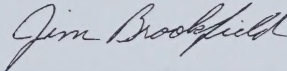
Progress has been made in each of these areas that will set the foundation for our activities in the coming year.

Our foremost programming activities have been the annual membership drive in Ontario and Quebec with the publication of an expanded membership services guide and implementation of a more aggressive telemarketing campaign, development of our new practice management program and the refinement of our key communications vehicles, the Journal and Communiqué.

Plans in 1994 include the development of an integrated communications strategy as part of our fall planning session discussions.

All of this would not have been possible without the hard work and efforts of a dedicated team of Committee members and staff. My sincere appreciation goes to all members of the Membership and Steering Committees, and the staff at CDA headquarters for their efforts in developing and executing valuable programs and services for CDA members and the dental profession.

Respectfully submitted,



Jim Brookfield, D.D.S., Chairman
Communications Steering Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Communications Steering Committee.

**PROPOSED
TERMS OF REFERENCE
COMMUNICATIONS AND MEMBERSHIP CONCERNS COMMITTEE**

MEMBERSHIP

- a) Three "grass roots" dentists, a recent graduate from a Canadian dental school and three Executive Council members - one from Ontario, one from Quebec and one from a mandatory province. One of the three Executive Council members will also be the Executive Liaison to the CDAnet Committee.
- b) The Chairman, who will be a member of Management Committee and serve a two-year term.
- c) CDA staff to reflect the balance of activity levels of the Committee. It is suggested that this include the Director of Communication, the Journal Editor and others, as appropriate.

The committee will hold at least one meeting per year in conjunction with the CDAnet Committee on an as-needed basis.

DUTIES

The committee shall:

- oversee all communications-related activities in consultation with the appropriate CDA staff such as:
 - publications including the Journal, Communiqué and annual review;
 - the Dental Awareness Program and Dental Health Month;
 - information services;
 - membership marketing and communications;
 - CDAnet marketing; and
 - any other activity that may arise;
- effectively integrate all CDA's communications activities to ensure that a coordinated approach is taken with common themes and messages;
- evaluate the impact of the activities of all committees influencing the membership and make recommendations where appropriate;
- recommend improvements in services to members of CDA, and develop and implement an effective membership marketing program that promotes the benefits of CDA membership in order to attract and retain CDA members among dental students, new dental graduates and dentists in all provinces with special emphasis in the voluntary provinces; and
- call a meeting of provincial communications coordinators to provide provincial input and direction on programming activities.
- assist staff with detailed membership issues on an ad hoc or consulting basis. (Input from the grass roots members will be particularly helpful in this regard.)

February, 1994

APPROVED
TERMS OF REFERENCE
COMMITTEE OF COMMUNICATIONS AND MEMBERSHIP

MEMBERSHIP

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- call a meeting of provincial communications coordinators to provide provincial input and direction on programming activities.
- assist staff with detailed membership issues on an ad hoc or consulting basis. (Input from the grass roots members will be particularly helpful in this regard.)

Approved by the
Canadian Dental Association
Board of Governors
April, 1994

1994 Membership Statistics for Ontario

As of April 8, 1994

(Compared with final 1993 figures)

	<i>1994 Licensed</i>	<i>1993 Licensed</i>	<i>Statistics</i>	
			<i>Quantity Change</i>	<i>% Change (93 to 94)</i>
Active	2203	2192	11	100.50%
Affiliate	337	324	13	104.01%
<i>Total</i>	<u>2540</u>	<u>2516</u>	<u>24</u>	<u>100.95%</u>

(Compared with April 13th in 1993)

	<i>1994 Licensed</i>	<i>1993 Licensed</i>	<i>Statistics</i>	
			<i>Quantity Change</i>	<i>% Change (93 to 94)</i>
Active	2203	2179	24	101.10%
Affiliate	337	281	56	119.93%
<i>Total</i>	<u>2540</u>	<u>2460</u>	<u>80</u>	<u>103.25%</u>

1994 Membership Statistics for Quebec

As of April 8, 1994

(Compared with final 1993 figures)

	<i>1994 Licensed</i>	<i>1993 Licensed</i>	<i>Statistics</i>	
			<i>Quantity Change</i>	<i>% Change (93 to 94)</i>
Active	472	503	-31	93.84%
Affiliate	443	456	-13	97.15%
<i>Total</i>	<u>915</u>	<u>959</u>	<u>-44</u>	<u>95.41%</u>

(Compared with April 13th in 1993)

	<i>1994 Licensed</i>	<i>1993 Licensed</i>	<i>Statistics</i>	
			<i>Quantity Change</i>	<i>% Change (93 to 94)</i>
Active	472	498	-26	94.78%
Affiliate	443	430	13	103.02%
<i>Total</i>	<u>915</u>	<u>928</u>	<u>-13</u>	<u>98.60%</u>

JOURNAL OF THE CANADIAN DENTAL ASSOCIATION

MISSION STATEMENT

The Journal is the authoritative written voice of the Canadian Dental Association providing dialogue between the national association and the dental community. It is dedicated to publishing worthy, scientific and clinical articles and informing dentists of issues significant to the profession.

GOALS

- a) To publish and encourage original Canadian scientific articles.
- b) To publish hands-on clinical and practice management articles that are of interest to the general practice dentist.
- c) To provide through editorials, presidential columns, opinion pieces and letters an opportunity to discuss the political, philosophical and ethical dental issues of the day.
- d) To ensure that by means of display and classified advertising the Journal has the necessary resources to effectively manage its program necessary to fulfil its mandate.

MISSION STATEMENT

Communique is the voice of the Canadian Dental Association to all its members -- dedicated to reporting dental news, of concern and importance to the dental community, to providing information to enhance the personal lives of its members, and to informing its members on CDA's policies and programs.

Goals:

1. To publish news articles on present day issues in the dental community while highlighting CDA's policies and activities.
2. To provide CDA's members with a national dental news source.
3. To educate and inform its members on CDA's role in developing and implementing policies and programs which influence their dental practise; and CDA's role in society to achieve optimal oral health for all Canadians.
4. To provide members with additional information which is of relevance to their every day lives and practice (ie. finances, investment, office administration, etc.) to fulfil the promise that this is a special members publication.
5. To keep members abreast of dental news disseminating from other parts of the world.
6. To encourage participation in national dialogue and communication by providing a forum for views to be presented on issues which are of moral and ethical significance.
7. To provide new graduates with information on CDA's policies, programs, and role in society to encourage them to join their national association.

COMMITTEE ON COMMUNITY & INSTITUTIONAL DENTISTRY

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Wayne Steggles, Chairman, Smith Falls
Dr. David Chimilar, Winnipeg
Mr. Alf Dolan, Toronto
Dr. Neil Farrell, London
Dr. John Hardie, Vancouver
Dr. Trey Petty, Calgary
Dr. Geoff Smith, St. John's
Ms. Jackie Smorang, Calgary
Major Euan Swan, CFDS, Ottawa
Dr. Julian Tsafaroff, DVA, Toronto (Observer)

Executive

Liaison: Dr. Richard Sandilands, Edmonton

Senior Staff: Mr. Brian Henderson, Director, Professional Services

Coordinator: Mrs. Danuta Askew

1. Committee Meetings

The Committee on Community and Institutional Dentistry has met once since its report to the 1993 Annual Meeting of the CDA Board of Governors. The meeting was held in Toronto on October 14, 1993 in conjunction with the Teaching Conference on Hospital Dentistry.

ITEMS REQUIRING BOARD ACTION

2. Infection Control

Changes have been made in a conscientious attempt to respond to suggestions and comments received. Where changes have not been made, a rationale has been presented for keeping the original wording. The Infection Control Guide is once again presented for approval.

RESOLVED:

- 94.20** **THAT** the following recommendation be tabled until such time as consensus from a national conference on infection control is reviewed against the CDA Infection Control Guide.

DEFEATED

RESOLVED:

- 94.21** **THAT** the Infection Control Guide be approved as a CDA resource for clinicians.

The Board of Governors agrees, with the stipulation that the title of the document be changed to "CDA Workbook on Infection Control: A Companion to the CDA Guidelines on Infection Control", and that the document include a preface clarifying that it refers to an approved CDA policy document and does not itself constitute or replace CDA policy.

ADOPTED

Note: the Workbook has not been reproduced in the CDA Transactions, and is available by contacting CDA offices.

The Committee on Community and Institutional Dentistry believes that the Infection Control Workbook is a resource which will be of interest and value to CDA members.

Further discussion on infection control policies led to Committee support for another national conference on infection control.

RESOLVED:

- 94.22** **That** **CDA** **consider** **sponsoring** **a**
national/international conference on dentistry
and infection control.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Canadian Coalition on Medication Use and the Elderly

The Committee believes that there should be a practising dentist on the Canadian Coalition on Medication Use and the Elderly. The Chairman and Executive Liaison will encourage Executive Council support for such representation.

3. Counselling Guidelines for HIV Serologic Testing

The Committee reviewed a CMA publication, "Counselling Guidelines for HIV Serologic Testing". It was reiterated that CDA should not support mandatory or routine testing of dental personnel. The Committee also discussed the question of the circumstances under which a patient with HIV should be referred to a specialist for treatment. Consideration will be given to drafting guidelines on this topic.

4. Teaching Conference on Hospital Dentistry

A two-day conference on hospital dentistry was held in Toronto on October 15-16. Over 60 participants heard keynote speaker, Ted Ball, a health policy analyst, describe the future for hospital-based programs as bleak. Conference working group discussion stemmed from real threats of further cuts in dental internship funding by governments and from existing financial constraints affecting hospital dental services across Canada.

5. Sugar-Free Medication

The Committee reviewed several articles on sugar-free medication and discussed a common concern that no definite percentage of sugar content is specified for the identification of products employing this labelling. Dr. Smith will develop a strategy on how the Committee can be more pro-active in this area and assist the development of letters to bodies such as the Canadian Medical Association, the Canadian Paediatric Society and the Pharmaceutical Association to re-enforce CDA's concern to make sugar-free medication more readily available.

7. **Summary**

In conclusion, I would like to express appreciation to my committee members for the courtesy and cooperation extended to me and special thanks to Mrs. Danuta Askew and Brian Henderson for their support.

Respectfully submitted,

Wayne Steggles, D.D.S., Chairman
Committee on Community & Institutional Dentistry

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Community and Institutional Dentistry.

CONSUMER PRODUCTS RECOGNITION COMMITTEE

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. Michael Eggert, Chairman, Edmonton Dr. Hardy Limeback, Toronto Dr. Dan Haas, Toronto Dr. Hurinder S. Sandhu, London Dr. Edward C.S. Chan, Montreal
Executive Liaison:	Dr. Richard Sandilands, Edmonton
Observer:	Dr. Mona Akoury, HPB, Ottawa
Senior Staff:	Mr. Brian Henderson, Director, Professional Services
Acting Coordinator:	Mr. Richard McCoy

1. Committee Meeting

The Committee on Consumer Products Recognition has held one meeting since the 1993 Interim Meeting of the CDA Board of Governors; the meeting was held on October 7 and 8, 1993.

ITEMS REQUIRING BOARD ACTION

2. Committee Terms of Reference

APPENDIX I

At the 1993 Annual Meeting, the Board of Governors directed the Chairman and Executive Liaison to bring forth recommendations for changes to the Committee's Terms of Reference for Board approval.

RESOLVED:

94.23 **THAT the Terms of Reference for the Consumer Products Recognition Committee be approved.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**3. Compensation for Project Fees and Expenses**

The Committee is continuing to face heavy demands to review submissions from manufacturers. Some individual submissions involve cartons of documentation. Mr. Henderson reported on guidance provided by Executive Council with respect to compensation for a project fees and expenses within CDA policy.

4. Review of Gingivitis Control Program

The CDA Board of Governors has authorized the Committee on Consumer Product Recognition to introduce two (2) separate levels in the CDA product recognition program, symbolized by the Silver Seal and Gold Seal respectively. No products have been recognized for gingivitis control to this point in time, despite the existence of the program for several years. Two products which have applied for recognition under the existing requirements have provided evidence of effectiveness within a range of 0.76 to 1.0 on the gingival index. A threshold of $GI = 0.75$ or better has been established as the clinical target for recognition of gingivitis control products.

It has become increasingly apparent to the committee that of currently available products, only those containing chlorhexidine would be able to meet the present $GI = 0.75$ threshold. Accordingly, the committee agreed that it was appropriate to establish two levels of recognition, as authorized by the Board, using the Silver Seal to symbolize recognition at the lower level ($GI = 0.76$ to 1.0) and the Gold Seal for the higher level of recognition ($GI = 0.75$ or lower). The existing product recognition statement which reads: "This product contains (ingredients) and helps to control gingivitis due to plaque above the gumline when used in a conscientiously applied program of oral hygiene and regular professional care" will be used with the Gold Seal for products that meet the most stringent guidelines ($GI = 0.75$ or lower). The committee believes that the use of the word "control" is appropriate with products which contain specific therapeutic agents that allow the product to meet the most stringent guidelines. The Silver Seal statement will read "This product helps to reduce gingivitis due to plaque above the gumline when used in a conscientiously applied program of oral hygiene and regular professional care". The committee believes that there are a number of products containing agents with similar levels of activity that would demonstrate effectiveness at the lower level of recognition ($GI = 0.76$ to 1.0).

5. HPB Proposal to Recognize ADA Seal as Equivalent to CDA Seal

The committee discussed Health Canada's declaration of intent to permit use of the ADA Seal of Recognition on labelling in Canada. Mr. Henderson drafted a letter to Health Canada expressing the committee's concerns.

6. Review Wording of Contracts for Re-Assessment of Recognized Products

The committee reviewed the current contract and suggested Mr. Henderson seek legal counsel for the addition of a clause to allow for re-assessment of recognized products.

7. Tooth Whiteners

The committee discussed the current status of tooth whiteners and discovered that there is no change in the HPB's position on these products. The committee will continue to lobby HPB with respect to tooth whiteners and this issue will continue to be reviewed.

8. Replacement of Dr. Brad Chapple

Mr. Henderson presented background on general practitioners who might serve on the committee. It was agreed that Dr. Louise DesNoyers be recommended for appointment to the committee as a replacement for Dr. Brad Chapple.

9. Presentation from Colgate-Palmolive on Meta-Analysis

The committee welcomed Dr. Gordon Nikiforuk, Dr. Anthony R. Volpe and Mr. Ron Bonar (legal counsel) from Colgate-Palmolive. Dr. Volpe presented his views on meta-analysis as a research tool and its implication in terms of product claims by competitors. Discussion followed the presentation and committee members presented CDA's perspective.

The chairman also commented on how the committee proposed to deal with the submission from Colgate-Palmolive currently before the committee. Representatives from Colgate seemed satisfied with the outcome.

10. Products Awarded CDA Recognition

The following products were awarded the CDA Seal of Recognition for caries:

Arm & Hammer Dental Care Toothpaste
Arm & Hammer Dental Care Gel

The following product was awarded the CDA Seal of Recognition for gingivitis reduction:

Warner-Lambert Listerine

The CPR Committee wishes to thank Mr. Brian Henderson, Director, Professional Services and Mr. Richard McCoy, acting committee coordinator for their assistance during the past year.

Respectfully submitted,

F. Michael Eggert, D.D.S., MRCD(C), M.Sc., Ph.D.
Chairman, Consumer Products Recognition Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Consumer Products Recognition.

CURRENT

TERMS OF REFERENCE

CONSUMER PRODUCTS RECOGNITION

The Committee on Consumer Products Recognition shall consist of five (5) members plus a Chairman who shall be appointed annually by Executive Council.

DUTIES

It shall be the duty of the Committee on Consumer Products Recognition to:

- (a) Advise on CDA's Seal of Recognition program;
- (b) Advise on therapeutic claims in journal and medical advertising;
- (c) Consider products containing pharmacological agents with therapeutic benefit, and that the first class of such agents that the Committee will consider will be those aimed at plaque control.

Approved by the CDA
Board of Governors, 1985

APPROVED

TERMS OF REFERENCE

CONSUMER PRODUCTS RECOGNITION

The Committee on Consumer Products Recognition shall consist of five (5) members plus a Chairman who shall be appointed annually by Executive Council.

DUTIES

It shall be the duty of the Committee on Consumer Products Recognition to:

- a) advise on CDA's Seal of Recognition program;
- b) **advise on questions concerning the safety, efficacy or utility of new oral health care products;**
- c) advise on therapeutic claims in journal and medical advertising;
- d) **propose categories for recognition of products marketed to consumers or dental professionals demonstrating diagnostic, preventive or therapeutic benefits in oral health care, examination or treatment;**
- e) **develop criteria for recognition of products within approved categories;**
- f) **develop guidelines for applicants and accept and process applications for recognition of products within approved categories.**

Approved by the
CDA Board of Governors
April, 1994

CONVENTION COMMITTEE

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

General Chairman: Dr. Michel Jahjah, Montreal

Executive Liaison: Mr. Jardine Neilson

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

FDI 1994 - 82nd World Dental Congress October 2 - 8, 1994

1. Organizing Committee, Convention Staff

These past few months have been highly challenging but also very rewarding. It is with the commitment and hard work of committee members and staff, however, that **FDI 1994** will prove to be the success that is anticipated. Members of the Organizing Committee are B.C. dentists who are involved in the overall planning of the Convention. Committee members travel to dental meetings to promote **FDI 1994** and they will be active on-site in various aspects of the Congress. Every month there is a committee meeting in Vancouver. It is at these meetings that plans are discussed and the tone of the Convention is set. The committee members and their area of involvement are as follows:

Dr. Marcia Boyd:	Communications
Dr. Robert J. Clarke:	Scientific program
Dr. Wayne Chou:	Sub-committee - Live Television
Dr. Ron Markey:	Exhibits
Dr. Jim Stich:	Social program
Dr. Ted Ramage:	Logistics

A vital part of the **FDI 1994** is the team of men and women who make up the Convention staff and who are responsible to make things run smoothly and efficiently. There are three offices around the country with personnel involved in every aspects of day to day operations.

Ottawa office:	Craig Astle:	Logistics
	Shelagh Dunlop:	Accounting
	Brian Finnimore:	Housing Bureau
	Francine Leduc:	Exhibits
	Rebecca Ross:	Registration
	Laura Stephenson:	Communications
	Heather Streiner:	Administrative Assistant
	Michael Wood:	Registration
	Linda Webber:	Registration

Montreal office:	Debbie Fisher:	Marketing
	Madeleine Mcbrearty:	Manager
Vancouver office:	Marilynne Webster:	B.C. liaison

2. Attendance

As anticipated, BC dentists are registering in large numbers. Members of CDSBC have been invited to play hosts to their international colleagues and they have responded well with the result that we have sent out numerous copies of the FDI 1994 preliminary program to dentists around the world. Other Canadian dentists have heeded our call to register early. One year prior to the Congress, hundreds of Enrolment forms had been received from Canadian dentists.

Interest from American dentists is encouraging and it has not been unusual to receive up to 40 requests for more information in a single day. International registrations are regularly forwarded from FDI London and, not only are we registering international participants we assign and confirm hotels to all those who request accommodation.

3. The Scientific Program

All but 5 lecturers listed in the preliminary program have confirmed their participation. Chairpersons will be appointed for all the scientific lectures. Thus far, the scientific program consists of the following:

- 13 Hands-on courses
- 5 Limited attendance courses
- 5 Live television presentations
- over 85 lectures (32 of which will be simultaneously interpreted)
- 150 Table Clinics, Free Communications and Poster Presentations.

Interest in the Hands-on courses is such that some clinicians will be asked to repeat their courses if the trend continues. Other symposia and lectures will soon be finalized and lectures of special interest to hygienists and assistants will be added to the program. It is rewarding to note that we have received the full support of the BCDA and BCDHA.

The general scientific program will take place from October 4-7 while limited attendance courses will be offered October 2nd and 3rd. Lectures will last from 8:30-11:00 and from 13:30-16:00 and will take place at the VTCC and in surrounding hotels.

4. Trade Exhibit

FDI 1994 Exhibits will be held October 4-7, 1994 and will present approximately 535 booths. The hall located on the Exhibit Halls level of the Vancouver Trade & Convention Centre was sold-out even before September 30, the application deadline. A second area had to be considered and it will be located in the Port Cachère of the Cruise Ship level, an area that will also be used for the Opening Ceremony.

5. Other Meetings

The following groups will hold meeting and functions during **FDI 1994**:

Academy of Dentistry International: Le Meridien	October 1
Canadian Academy of Pediatric Dentistry: Vancouver Renaissance Hotel	October 7
CDA Board of Governors: Waterfront Centre Hotel	October 2
Canadian Dental Assistants Association: Vancouver Renaissance Hotel	September 29 - October 2
Canadian Dental Service Plans Inc (CDSPI): Four Seasons Hotel	September 30 - October 1
Canadian Society of Public Health Dentists/Canadian Association of Dental Consultants: Le Meridien (with Chief Dental Officers)	October 2-4
International College of Dentists: Hotel Vancouver	September 29 - October 2
Canadian Association of Orthodontists: Waterfront Centre Hotel	September 28 - October 1
Pierre Fauchard Academy: Four Seasons Hotel	October 4

Royal College of Dentists of Canada:
Delta Place Hotel

September 30 - October. 2

6. Opening Ceremony and Social Activities

Thanks to the contribution of Nobelpharma, the Opening Ceremony augurs well. The program will consist of Ethnic entertainment, speeches, a Parade of Nations and the Famous People Players as the main act. Immediately following the Opening Ceremony, an International Evening will take place in the lobby of the Pan Pacific hotel. This event will be partly underwritten by Ash Temple.

Registration for other social activities and tours have also been high. The Harbour Scenic Cruise, the Salmon Barbecue to be held at the Plaza of Nations and the FDI Ball scheduled to take place at Hotel Vancouver seem to be our big draws but other social events are also attracting a very high number of participants.

7. Accommodation

As mentioned above, the Housing bureau of **FDI 1994** is responsible for assignation and confirmation of hotel accommodation for all participants. A number of hotels have been added to those listed in our preliminary program. Nevertheless, the hotel situation is extremely tight. Not only have certain days already sold-out in the Category A hotels, several hotels have entirely sold-out.

8. Sponsorship

Sponsors are exhibitors who should be thanked for their support and financial contribution to **FDI 1994**. These have enabled us to present a high calibre scientific program and interesting social events that will appeal to every member of the dental team and their families. Companies such as Air Canada, Ash Temple, Aurum Ceramic, Colgate, Dentsply Canada, Ellman International, Exan, Hu-Friedy, Nobelpharma, Oral-B, Procter & Gamble, Pro-Dentec, Siemens, Trident Gum, Unilever, Volvo and Xyrofin are to be commended for their commitment to **FDI 1994**.

9. Promotion

Members of the Organizing Committee and staff are attending American dental meetings in major cities and, as expected, response is highest from the American West Coast. Promotion will also be done in Montreal and Toronto as well as at smaller BC meetings. While we will be in attendance at the Sao Paulo dental convention and at a few European meetings, we have

asked other European and Asian meeting organizers to distribute our preliminary program and many of these have agreed to do so.

The help of National Treasurers from FDI member countries has also been enlisted. Some of these have agreed to distribute mini-flyers that were printed in English, French and Spanish. Exhibitors and sponsors are also contributing in our promotional campaign. Some exhibitors have made mention of **FDI 1994** in their publication while some sponsors have also agreed to distribute our promotional literature.

Respectfully submitted,

Michel Jahjah, D.D.S
General Chairman

FILING OF REPORT

The Board of Governors extends its appreciation to Dr. Jahjah and the FDI Convention Committee members for their dedication and work in ensuring the success of the FDI Congress in Vancouver.

The Board of Governors receives with appreciation the report of the Convention Committee as information.

GOVERNMENT RELATIONS COMMITTEE

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. James Brookfield, Chairman, Kirkland Lake
Dr. Elizabeth MacSween, Ottawa

Senior Staff: Mr. Jardine Neilson, Executive Director
Mrs. Sandra Davis, Manager, Executive Services

1. Committee Meetings and Activities

The Committee has not met since its last report to the 1993 Annual Board of Governors meeting. The matters contained in this report have come to the Committee's attention through concerns of an individual member, an allied health organization or through documentation indicating legislative or regulatory changes which have potential to affect the profession.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Lobbyists' Registration Act

Since the Committee's report to the 1993 Annual Meeting of the Board of Governors, the CDA has written to Mr. Howard Wilson, Assistant Deputy Registrar General of Canada regarding its concerns relative to the proposed amendments to the Lobbyist Registration Act (LRA). The proposal to eliminate the distinction between Tier I and Tier II lobbyists, and the resulting extensive reporting requirements will impose a considerable human and financial resource burden on the CDA. The suggestion that lobbyists form an association and develop a code of conduct was also addressed from the perspective of non-profit organizations. As well, CDA expressed its concern that imposing a fee for lobbyists to register draws into question the government's commitment to "free and open access to government" as "an important matter of public interest". CDA has worked in cooperation with the Canadian Society of Association Executives (CSAE) whose submission was made on behalf of its members - paid association staff members currently registered as Tier II lobbyists.

Correspondence outlining CDA's position on the proposed amendments to the LRA was also forwarded to Mr. Harry Swain, Deputy Minister, Industry Canada, the Honorable John Manley, Minister of Industry and the Honorable Diane Marleau, Minister of Health.

3. **Tobacco Products Control Act**

In support of its responsibility to improve the oral health of Canadians, CDA continues to participate, through health coalitions, in efforts to reduce tobacco use. President Dr. Raymond Wenn, sent a letter of support to Dr. Jacques Cantin, President of the Canadian Cancer Society concerning legal intervention relating to the appeal to the Supreme Court of Canada regarding the Tobacco Products Control Act. This Act would progressively phase out tobacco product advertising, prohibit the free distribution of tobacco products and require tobacco product packaging to display prominent health messages as well as a list of toxic constituents. The Canadian Cancer Society added CDA's name to the list of prominent health associations supporting this submission to the Supreme Court of Canada.

4. **Canadian Medical Association (CMA) Brief - Bill C-85 - Psychoactive Substances Control Act**

CDA received correspondence from the Canadian Medical Association regarding its brief to the House of Commons legislative committee studying the subject matter of Bill C-85 - Psychoactive Substances Control Act. The CMA has serious concerns about the proposed legislation as it is currently drafted, since it believes in the need for tighter control of illegal drug trafficking and supports any initiatives by government to control the non-medical use of drugs.

CDA wrote to the Honorable Benoit Bouchard, then the Minister of National Health and Welfare, to express its strong support of the CMA brief. The CDA stated that Bill C-85 had serious flaws as outlined in the CMA brief, and that it hoped the cautions expressed by the two professions primarily concerned with prescribing for patients would be taken into consideration with respect to the disposition of this legislation.

5. **Bureau of Medical Devices**

CDA has been notified by Health Canada that a new Bureau of Medical Devices has been established. This represents a change from the current situation whereby the medical devices regulatory program is part of a combined Bureau of Radiation and Medical Devices. This decision was arrived at following a thorough review and analysis of the needs of the medical devices regulatory program.

6. **Medical Services Branch (MSB)**

CDA has written to Dr. Michael Welch, Regional Dental Officer, Health Canada requesting that MSB reconsider its present policy and procedures related to claims for bonded amalgams, submitted on behalf of native people under the health jurisdiction of MSB.

Claims submitted for reimbursement for bonded amalgams are disallowed based on MSB's current policy of not accepting bonded amalgam as an allowable dental procedure. CDA requested that when a claim is submitted for bonded amalgams that MSB allow the claim up to the amount allowable for an amalgam. This practice would be consistent with that of private dental insurance companies.

7. **Canadian International Development Agency (CIDA) - Project Submissions**

The CDA is involved in two project submissions for funding through CIDA's Professional Association Program (PAP) entitled, "CDA/Sierra Leone Dentistry Project" and the "Egyptian Children's Dentistry Project".

The Sierra Leone Project combines the resources of CIDA, Nepean Outreach to the World (NOW) and the University of Sierra Leone/Town of Bo, West Africa to examine the feasibility of initiatives, and identifying objectives consistent with PAP, in the area of oral health training and development programs in Sierra Leone. The project will examine the feasibility of an on going cooperative dental linkage between the CDA and the University of Sierra Leone. A grant of approximately \$40,400 has been approved.

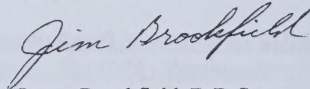
The Egyptian Children's Dentistry Project has been under development for some time. The project involves CDA, the Dental Department, Egyptian Ministry of Health and the Faculties of Dentistry and Health Professions, Dalhousie University. The goal of this project is to develop a school-based oral health promotion, education, prevention and treatment program that is specifically designed for Egypt. The project is expected to reach over 87,000 children who are receiving only minimal, emergency type of oral health care and no oral health education or promotion. A grant of approximately \$99,696 has been approved for distribution during the years 1994-1996.

8. Government Relations Dinner

On September 9, 1993, Mr. Craig Oliver, Ottawa Bureau Chief, CTV Television, addressed attendees at the Government Relations Dinner held at the Westin Hotel - Ottawa.

Mr. Oliver provided an extremely informative talk on his views of the current political and federal election scene, and the role of the media. This was followed by a lively question and answer session.

Respectfully submitted,



James Brookfield, D.D.S.
Chairman, Government Relations
Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Government Relations Committee as information.

MANAGEMENT COMMITTEE

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

- Members:** Dr. Raymond Wenn, Charlottetown, Chairman
Dr. Bryun Sigfstead, Edmonton
Dr. James Brookfield, Kirkland Lake
Dr. Bernard Dolansky, Ottawa
Mr. Jardine Neilson, Executive Director
- Senior Staff:** Mrs. Sandra Davis, Manager - Executive Services
- Coordinator:** Mrs. Suzanne Burton

1. Committee Meetings

Since the September 1993 Annual Meeting of the CDA Board of Governors, the Management Committee has met twice - October 14, 1993, and February 2, 1994. In addition, the Management Committee met with the Management Committee of CDSPI on November 24, 1993. Dr. Dolansky completed his term on Management Committee at the close of the October Executive Council meeting.

ITEMS REQUIRING BOARD ACTION

2. 1995 Fee Increase - 1995 Provisional Budget

The 1993 Planning Session enhanced and advanced the development of the CDA's strategic planning process through the costing of its six goals and related objectives. Proposed 1994 objectives were prepared by Senior Staff, identifying required adjustments to the activities and products arrayed under each objective. Using the pre-existing budget system and its line items as a base, objectives were costed through real time examination and analysis at the department/function level. This process illustrated resources committed through the 1994 budget to each objective under the six approved goals of the Association.

The Executive Council approved the 1994 objectives; those with notable implication for budget revision included the ExperDent Practice Management Program and the CDAnet Plus Program. In February, an adjusted 1994 Budget forecasting a revised surplus of

approximately \$76,000 was approved by Executive Council on recommendation of Management Committee. The provisional budget presented to Governors at the 1993 Interim Meeting forecast a surplus of approximately \$57,000.

Based on previously established priorities, confirmed through the objectives costing and validation process, a draft provisional 1995 Budget was prepared by staff and reviewed by Management Committee at its February meeting. The 1995 Provisional Budget presented for Board approval includes the fee increase outlined below. The recommendations on fee increases are made against the background of preliminary information on a proposed fee payment formula and its rationale, through comparison of services provided against revenue sources, and a review of increases in all fee/grant categories over the past years.

The recommended fee increase represents a 2.16% increase on the total dues paid by an active member. This increase is in keeping with CDA's philosophy of reasonable, annual inflationary increases to revenue from fees and grants. It also supports CDA's objective to budget in order to achieve monthly payments on the interest and principal on the \$1.5 million first mortgage on its building, to pay down 10% of the principal annually, and to build a cumulative surplus equivalent to six months of the operating budget.

The first mortgage was obtained to finance three programs/activities: CDAnet, the QDSA lawsuit, and FDI 1994. CDAnet has reached its first \$100,000 in cumulative revenue; CDA has received a commitment from CDSPI that all legal expenses of the QDSA lawsuit and surrounding legal actions will be paid; and, FDI 1994 has to this point been self-financing from Convention Fund surpluses with an optimistic outlook on the final financial picture.

APPENDIX I

A detailed background paper on the 1995 Fee Increase is appended.

RESOLVED:

94.24 **THAT the Corporate Membership fee be raised to \$25 effective in 1995, an increase of \$10.**

ADOPTED

NOTE: **The governor representing the corporate member in Quebec abstained.**

RESOLVED:

94.25 **THAT the fee for active membership remain at \$425 for 1995, and that all other individual membership categories remain at the 1994 fee.**

ADOPTED

RESOLVED:

- 94.26** **THAT CDA not approach the Licensing Bodies for an increase to the licensing body grant which will remain at \$22 for 1995.**

ADOPTED

Information presented in the 1995 provisional budget relative to 1993 actuals is for comparison purposes, and is in draft form. The 1995 provisional budget includes the CDAnet budget. The 1993 audited financial statements will be presented to Governors for approval at the 1994 Annual Meeting.

RESOLVED:

APPENDIX II

- 94.27** **THAT the appended provisional budget for 1995 be approved.**

ADOPTED

NOTE: **The governor representing the corporate member in Quebec abstained.**

3. **Financial Statements CDA - CDAnet - 1994 Budget**

Previously, financial reporting and budgeting for CDAnet was produced outside of CDA operating statements. In future, separate statements of income and expenses for the CDAnet Program will form part of the regular reporting process. A statement indicating CDA as a participant in CDAnet will clarify the ongoing impact of this program on CDA's financial position.

At the 1993 Planning Session, Executive Council approved a provisional CDAnet budget for 1994, based on revenue from CDAnet claims and the CDAnet Plus Program. A significant amount of expense related to CDAnet Plus is considered to be one-time start-up cost. At its February meeting, Management Committee presented Executive Council with an adjusted 1994 CDAnet budget. Revenue and expenses for CDAnet Plus and CDAnet claims are shown separately and are clearly defined. This statement reflects the new financial reporting and budgeting format.

RESOLVED:**APPENDIX III**

94.28 **THAT the adjusted CDAnet budget for 1994 be approved.**

ADOPTED

NOTE: **The governor representing the corporate member in Quebec abstained.**

4. CDAnet Committee - Terms of Reference

Management Committee reviewed the Terms of Reference for the CDAnet Committee, and presented a recommendation for amendment to Executive Council to clarify the level of per diem compensation.

RESOLVED:**APPENDIX IV**

94.29 **THAT the Terms of Reference for the CDAnet Committee be approved as amended.**

ADOPTED

NOTE: **The governor representing the corporate member in Quebec abstained.**

5. CDA Per Diem Policy

Management determined that there was a need to clarify the CDA per diem policy as to level of per diem compensation for members of Management Committee and Executive Council.

The report of the Ad Hoc Committee on Per Diems and the resulting resolutions, presented to the Board of Governors in 1985, form the principles on which the payment of per diems to CDA officers and officials is based.

CDA policy reflects the per diem differentials among the Chairman of the Board of Governors and Members of Management Committee, the Executive Council and Council and Committee Chairmen. The rationale for the differentials is based on the activity level associated with the individual office, as per diems are acknowledged to be compensation for the impact of lost practice time.

Meetings of Management Committee, Executive Council, the Board of Governors, and attendance of Executive Liaisons at duly called meetings of CDA councils and committees, are clearly covered under current policy. There is a need to clarify and confirm the level of per diem compensation when members of Management Committee and Executive Council represent the Association at other events and activities. The document presented reflects the manner in which this matter has been administered over the past several years.

RESOLVED:**APPENDIX V**

- 94.30** **THAT the document entitled "Level of Per Diem Compensation - Management Committee and Executive Council" be approved, as amended, as an addendum to the CDA per diem policy.**

ADOPTED

6. The Grieve Memorial Lectureship Agreement

The Canadian Association of Orthodontists (CAO) and the CDA undertook to review the current administrative arrangements between the two organizations, with regard to the Grieve Memorial Lecture with a view to formalizing an agreement. A draft agreement was prepared and approved by both CDA Management and the CAO. It is presented here for approval of Governors.

RESOLVED:**APPENDIX VI**

- 94.31** **THAT the proposed agreement between the CAO and CDA with regard to the Grieve Memorial Lectureship be approved.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. 1994 Adjusted Budget

APPENDIX VII

The 1993 Planning Session directed staff on the revision of the 1994 provisional budget. Generally, the direction to Senior Staff was to make only adjustments necessary as fine tuning, based on actual results for 1993. The adjusted 1994 Budget approved by Executive Council at its February meeting, presents a surplus of \$75,634. The appended notes outline the changes which caused the projection of a revised surplus.

8. **Draft 1993 Financial Statements**

Given Management's commitment to achieve a surplus in 1993 and beyond, expenses for the year were closely monitored with a view to achieving this goal. At its February meeting, Management reviewed draft preliminary unaudited financial statements to December 31, 1993. This preliminary information indicates that expenses for the year are at approximately 95% of budget. Revenue from fees is very close to budget; it is anticipated that at year end, fee revenue will be approximately \$10,000-\$15,000 over budget. Revenue from sources other than fees indicates some significant positive variance from projections. Notably, revenues from Consumer Products Recognition, and "other/miscellaneous" revenue, which houses the re-payment of legal expenses relative to the QDSA lawsuit and surrounding issues, and a significant G.S.T. input tax credit, account for a positive variance of approximately \$360,000.

CDA draft financial statements for 1993 project a surplus of approximately \$826,000. Appended information highlights areas where there is a significant variance between budget and year-end position.

It must be stressed that the information presented here for comparison purposes is in draft form. The 1993 audited statements will be presented for approval at the 1994 Annual Meeting.

APPENDIX VIII

9. **1993 CDA Awards/Dentsply Student Clinicians' Luncheon**

A very successful CDA Awards/Dentsply Student Clinician's Luncheon was held on Friday, September 10, in conjunction with the 1993 Annual Meeting. Management Committee would like to thank Governors and invitees for their keen interest and active participation in the open forum for the table clinics, held in conjunction with this event. CDA wishes to again thank Dentsply International for its gracious provision of a grant in the amount of \$5,000, to help defray the cost of the luncheon.

10. **1994 Increase - Licensing Body Grant**

Confirmation has been received from all provisional licensing bodies, with the exception of Ontario, of the approval by their governing boards of the increase to the licensing body grant to CDA for 1994. CDA continues in its efforts to assist the RCDS with the provision of information required by its governing board, to facilitate approval of the requested 1994 grant increase.

11. **CDA vs. VCS Technologies**

CDA has received compensation from VCS Technologies for loss of revenue resulting from delays in the introduction of the Value Added Program. Management is satisfied with the terms of the agreement reached with VCS. Details are confidential, as provided for in the settlement agreement.

12. **CDA/ExperDent Practice Management Seminar Program**

CDA Practice Management Seminars for graduating dental students have been held at the universities of Saskatchewan, Dalhousie, Manitoba, and Western Ontario. Plans are in place to present lectures at McGill, the University of British Columbia, Alberta and Toronto early in 1994. To date, the student response has been excellent, and CDA has already received overtures to present again next year.

As a complement to the program for graduating dental students, a modified version has been offered to practising members of the profession. Pilot lectures are scheduled for Toronto, Ottawa and Sudbury. Initial registration numbers are extremely positive. Further information on the CDA/ExperDent Practice Management Program is found in the report of the Communications Steering Committee.

13. **Rate Stabilization Reserve Fund - CDIP General Plans**

Board resolution 93.77 delegated authority to the Management Committee to approve the Rate Stabilization Reserve Fund Agreement for the CDIP general plans. The timing of the receipt of the agreement allowed for its review by the Executive Council, and its approval is noted in the Executive Council report.

14. **Specialty Section Meeting**

The 1994 Annual Meeting, being held in conjunction with FDI 1994 World Dental Congress in Vancouver, provides an opportunity for a meeting between CDA Management Committee and Specialty Section Presidents or their representatives. A call for agenda items has been forwarded to all Specialty Sections; input received will determine whether a need for a meeting exists. On the assumption that a meeting is probable, a tentative date of Saturday, October 1, 1994, has been proposed.

15. **Membership Campaign Action Plan (Quebec)**

The report of the Communications Steering Committee outlines the possibility of initiating focus group discussions in Quebec, and examination of the eventual development of a separate CDA membership campaign in that province. Management Committee approved further development of the focus group proposal, and noted that the estimated cost of \$15,000 will be managed within the approved 1994 Membership Services budget.

CDA President, Ray Wenn, in extending congratulations to the newly-elected President to the QDSA, Dr. Daniel Pelland, has suggested that a meeting between CDA and QDSA in the near future would be beneficial. The membership campaign plans in Quebec will be discussed at that time, and the possibility of a collaborative effort will be investigated.

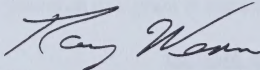
16. **Review of Affiliate Membership Category**

Several affiliate members of CDA have taken exception to the fact that they are referred to as affiliate members, when they in fact pay full membership fees to the national association. Management Committee recognized that the definition and privileges of affiliate members are outlined in the Constitution and By-Laws, and that they differ from those associated with active members. This matter has been referred to the Council on Constitution and By-Laws for further review and recommendation, on a change to the nomenclature "affiliate" member.

17. **Cheque Registers - President-Elect's Audit**

The Executive Director of the Association reviews cheque registers detailing disbursements of the CDA. Cheque registers to November, 1993 have been reviewed and a report provided to Management Committee. The President-Elect conducted an audit of CDA disbursements.

Respectfully submitted,



Raymond Wenn, D.D.S.
Chairman, Management Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Management Committee.

Background Paper: 1995 Fee Increase

For some years now, CDA has operated on the premise that small regular fee increases are preferred over infrequent but often larger increases. Management continues to endorse this concept in spite of the current economic climate and consumer attitudes toward price increases.

Management Committee believes that small inflationary increases would be acceptable to the membership. Currently, inflation is running between 1.5 and 2.0 percent; it is expected to run at 2.0 to 2.5 percent through 1995. In 1994, the average fee guide increase was 1.83 % (British Columbia 3.37, Alberta 2.5, Saskatchewan 1.53, Manitoba 1.0, Ontario 1.75, Quebec 1.6, New Brunswick 1.5, Nova Scotia 1.5, Newfoundland, 2.0, Prince Edward Island 1.5).

When structuring the 1995 budget, staff was asked to maintain programming, adding or enhancing programs only if coinciding cuts could balance the demand for money. To a large degree this was accomplished. However, when the budget was drafted there was still a 1.9% increase in expenses over 1994. Coupled with a slight drop in the projection for non-dues income, CDA would have to look to its membership for a modest fee increase.

Incorporated in the budget for 1995 is a 2.16 % increase (\$10.00) on the total dues paid by an active member. However, for 1995, rather than adding to the individual membership fee, management has proposed an increase to the corporate fee. There are many reasons for this approach.

Raising the corporate fee \$10.00 from \$15.00 to \$25.00, results in an estimated \$108,380 increase in revenue. To raise a similar sum by increasing the individual membership fee, an increase of \$12.46, or 2.7% of the total dues paid by an active member would be required. Since its inception in 1976 the corporate fee has increased four times. Initially at \$8.00, it is now \$15.00; a growth factor of 1.88. During this same time period, the individual member fee has been increased twelve times, by a factor of 4.72. The licensing body grant has been raised four times during this period, and increased by a factor of 11.00.

It is important to pause at this point, and comment on the derivation of fee revenue, which is the principal source of money for CDA. There are three sources of fee revenue available to CDA. The first is an individual membership fee paid principally by active members, but also from affiliate members, supporting members, retired members and student members. The second source is a corporate membership fee paid by the corporate members, designed to pay for the services provided by the association to the corporate bodies. Thirdly, there is a licensing body fee or grant payable by the provincial licensing bodies to contribute to services provided by the association, principally in support of the education and accreditation processes.

/...2

In recent years, the association has studied the services it provides, and looked at the principal audience to whom these services are provided. Models have been developed apportioning total expense by the three audiences: the individual member, the corporate member and the licensing body. One of the first studies of this kind, carried out in 1992, demonstrated a disproportionate burden was being placed on the individual member as compared to the corporate members and licensing bodies. The attached chart shows that based on the services provided, the corporate fee should be \$102.00, the licensing body grant should be \$43.00 and the individual membership fee should be \$226.00. This is compared to the fees at that time of \$12.00, \$20.00 and \$410.00 respectively. A similar fee payment model was constructed for 1994 based on 1994 budget data (see attached). It suggested a corporate fee of \$156.00, a licensing body grant of \$80.00 and an individual membership fee of \$150.00 compared to the actual fee structure of \$15.00, \$22.00 and \$425.00.

Of course this model will be the subject of much debate and discussion. Nonetheless, it points out an apparent inequity in the structure of the fee payments to the Association. For example, in 1995 the corporate fee, at the proposed rate of \$25.00, would generate a total of \$270,950. Using budget data for the same year, the direct costs of running the Board of Governors and the Executive Council program areas total \$263,893. Including staff costs and other overhead charges, the cost swells to well in excess of \$300,000. There are in addition many other project areas that could be considered to serve the corporate members.

A number of less factual arguments might also be made in support of an increase to the corporate fee. For example, it would seem reasonable that the corporate fee be equal to or more than the licensing body grant as a matter of principle, since the corporate members are in fact the owners of the Association. Another argument is that in the mandatory provinces there should be little difference whether the increase is put on the corporate fee or the individual membership fee, as the payment is usually based on sum total. Finally, in the voluntary provinces, CDA is frequently asked to proffer member services to dentists who are members of the provincial association but not CDA. Increasing the load on the corporate fee is a means to ensure that these dentists who are benefiting from the services pay a more proportionate share.

CDA Membership Fees

MEMBFEEES.XLS

Year	CDA Active Membership Fee	CDA Corporate Fee	CDA Licensing Body Grant	Total
1974	65	0	0	65
1975	65	0	2	67
1976	90	8	2	100
1977	90	8	2	100
1978	90	8	5	103
1979	90	8	5	103
1980	125	8	5	138
1981	200	8	5	213
1982	200	8	5	213
1983	200	8	5	213
1984	225	8	5	238
1985	225	8	5	238
1986	235	8	5	248
1987	260	10	10	280
1988	290	10	10	310
1989	300	10	10	320
1990	330	10	20	360
1991	365	10	20	395
1992	395	12	20	427
1993	410	12	20	442
1994	425	15	22	462
1995 (Recom'd)	425	25	22	472

Year	Active	Affiliate	Supporting	Retired	Student
1974	65	0	25	0	5
1975	65	55	25	0	5
1976	90	90	35	0	5
1977	90	90	35	0	5
1978	90	90	35	0	5
1979	90	90	35	0	5
1980	125	125	50	0	10
1981	200	200	50	0	10
1982	200	200	50	0	10
1983	200	200	50	0	10
1984	225	225	58	0	14
1985	225	225	58	0	14
1986	235	235	58	0	14
1987	260	260	130	0	16
1988	290	290	145	0	17
1989	300	300	158	79	17
1990	330	340	165	82.5	20
1991	365	365	182.5	91.25	20
1992	395	395	197.5	98.75	22
1993	410	410	205	102.5	25
1994	425	425	212.5	106.25	25
1995 (Recom'd)	425	425	212.5	106.25	25

Proposed Fee Payment Formula

	Governance	Professional	Member	Total
Direct Expenses	\$545,500	\$340,800	\$1,508,000	\$2,387,100
Admin. Costs	549,800	694,500	1,649,400	2,893,700
Sub-Total	\$1,095,300	\$1,035,300	\$3,157,400	\$5,288,000
Less: Non Dues Income	0	416,800	1,196,100	1,612,700
Total	\$1,095,300	\$618,700	\$1,961,300	\$3,675,300
Members	10,715	14,317	8,677	
Membership Fee	\$102	\$43	\$226	\$371
Current Fee	\$12	\$20	\$410	\$442

Note: Based on 1992 Membership Fee rates and draft financial statements.

	Corporate	Licensing Body	Member	Total
Volunteer Costs	\$509,398	\$156,850	\$61,988	\$728,236
Staff Costs	\$478,352	\$341,996	\$250,459	\$1,070,807
Overhead Costs	\$282,688	\$245,197	\$165,957	\$693,842
Program Costs	\$71,412	\$229,125	\$128,815	\$429,152
Income from Programs	\$0	(\$510,138)	(\$11,000)	(\$521,138)
Sub-Total	\$1,341,850	\$463,030	\$586,019	\$2,400,899
Proportionate Share of Communication Costs	\$352,415	\$704,830	\$704,830	\$1,762,075
Total Cost	\$1,694,265	\$1,167,860	\$1,300,849	\$4,162,974
divided by the number of members/dentists paying	10,838	14,659	8,696	
Suggested Fee	\$156	\$80	\$150	\$386
Current (1994) Fee	\$15	\$22	\$425	\$462

AN INTRODUCTION TO THE 1995 BUDGET

The following notes are intended to facilitate your review of the 1995 CDA budget.

BUDGET PROCESS

The budget process involves initially the senior staff who, after consultation with Committee Chairmen, develop an activity plan for each of the project areas they manage. Numbers are then attached to this plan, using previous financial statements and other indicators, to form a draft budget.

Having received general direction from Management on CDA's financial objectives, staff meet to review the global budget and to discuss modifications. These modifications are made to the point where staff believe programs can be run effectively albeit sometimes without being able to adopt all project initiatives.

If after these adjustments the budget still does not meet the objectives set by Management, staff meet with Management to determine what project areas should be altered or terminated. They also look at areas where fees and other sources of income could be adjusted.

Once the changes are made, the draft budget is presented to Executive Council, at its January meeting. Management seeks approval for any programming changes recommended to achieve its objectives. Once approved, the budget is then presented to the Board of Governors at the Interim meeting as a provisional budget. This budget, including any changes ordered by the Board, is used for moving the planning process ahead for the next year.

Of course, the needs and resources of the Association continue to evolve and change over time. Accordingly, the budget is subjected to a second look at the Fall Planning Session where the new Executive has an opportunity to look at the budget it will be using. As well, the budget is compared to the actual results at that time to determine if any anomalies exist.

Any changes recommended by the Executive are then introduced into the budget and, provided it does not materially affect the bottom line, the adjusted budget is adopted. If the bottom line is affected, then Management again reviews the programs to determine what further adjustments are required to achieve its financial objectives. Regardless of the level of change, the budget is again presented to the Board of Governors at the Interim Meeting.

SUMMARY

The 1995 budget can be summarized by saying it is very much an image of the 1994 budget, and for that matter, of the 1993 budget. During these tough economic times, it is difficult to launch new program initiatives. Indeed it is sometimes difficult to maintain current and on-going programs.

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The 1995 membership year will be the first in many that there has been no increase in the individual membership fee structure. A fee increase has been recommended to the corporate fee, a ten dollar increase raising the fee from \$15 to \$25. In total, this brings in an additional \$108,380 according to budget figures.

Overall, revenue is budgeted to be \$6.273 million in 1995, up from \$6.173 million in the 1994 Adjusted budget. While every effort is being made to increase non-dues revenue, market conditions are such that price increases are seen as contemptible by users and there is significant pressure to keep increases to a minimum.

This works in our favour, however, as we apply the same rationale to the vendors we buy from. Consequently, to run the same basic program, with the same type of expenditure, costs are pretty much what they were last year.

Where program initiatives have been launched, such as the Practice Management program, we have been fortunate to have other companies absorb costs or tie in the recovery of expense to royalties from sales, for example.

The budget for total expense in 1995 is \$6.214 million, leaving a surplus of approximately \$59,000. This fits with CDA's five year financial plan to allow for modest surpluses, providing the Association the resources to pay down its long-term debt and eventually build up reserves to a level equal to approximately three to six months operating expenses.

PRESENTATION

The 1995 budget is presented in sections, each with a different degree of detail. In each case, expenses are grouped by service centre. The groupings are Executive Services, encompassing the Board of Governors, Executive Council, Management Committee and other project areas related to the corporate operations of the organization; Professional Services, encompassing those programs that are related principally to the practice of dentistry; Member Services, encompassing those programs that are related more to dental practice management and finally, Administration.

Section 1 (page 7) is the projected income statement showing revenue and expenditure by service centre. It shows the "bottom line" as either a surplus or (deficit). For information, a column is included to show the percentage change between the 1995 draft budget and the 1994 adjusted budget.

Section 2 (pages 8-10) provides more detail showing revenue and expenses by project area. Again, for information, a column is included in this section to show the percentage change between the 1995 and 1994 budgets.

Section 3 (pages 11-18) provides schedules of more detailed information on revenues and expenditures. The percentage change between the 1995 and 1994 budgets is shown again.

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Where practical, expenses normally considered part of "overhead" are allocated to the appropriate project area within each service centre. Readers should be aware, however, that in this presentation project area expenses do not include any overhead charges such as staff costs, equipment or other support services. These expenses are grouped under the general Administration area and represent a significant cost of operating the various project areas.

1994 ADJUSTED BUDGET AND 1993 ACTUALS

Included in this presentation, for comparative purposes, are the 1994 adjusted budget and the 1993 "actual" results to October 1993. Readers should be cautioned that the actual results are unaudited.

BUDGET NOTES

Where the change in budget is not significant an explanation may not be provided.

REVENUE

Fees

The budget incorporates the following fee structure:

Active	\$425.00	Retired Member	\$106.25
Affiliate	\$425.00	Student Member	\$ 25.00
Supporting Member	\$212.50	New Grad Member	\$410.00
Corporate Fee	\$ 25.00	Licensing Body Grant	\$ 22.00

In each case the budget is forecast using the number of individuals from or for whom payments were received in 1993 multiplied by the new rate.

FDI fees represent the net difference between what CDA collects from FDI subscribers and what is, in the end, remitted to FDI. Any difference is due primarily to foreign exchange. CDA uses this difference, which is designed to be in its favour, to defray costs of related promotion and administration. In 1994, there was no budget given CDA was hosting the FDI 1994 Congress. In 1995 the budget has been set at traditional levels.

Non Dues Income

Accreditation revenue has been increased to reflect the number of surveys planned and a revised fee schedule.

The expanded Consumer Product Recognition program has received a favourable response from the dental industry. The budget has been revised accordingly.

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The DAT program budget has been based on having approximately the same number of candidates taking the test. The income is largely from application fees but includes the sale of additional study material as well.

The Information Services revenue budget reflects continued sales of merchandise such as the DIS series of pamphlets and has been increased to reflect the sale of practice management materials.

The Library Services budget represents revenue from a grant from the Canadian Dental Foundation (now the Dentistry Canada Fund) and from modest user fees levied to defray incidental expenses. The budget has been reduced to reflect anticipated proceeds from the fund.

Revenue from Conferences and Seminars, including tax seminars and grants from CFDE for the teaching and student conferences is expected to remain relatively constant. The administration fee charged to the Convention account has been reduced to traditional levels in 1995 following increased activity in 1994 based on the FDI 1994 Congress.

The Publications revenue budget has been kept the same as in 1994. Excluding overhead costs, but also not accounting for potential revenue from advertising CDA services (e.g. Annual Dental Meeting), the Journal is expected to recognize a small surplus in its operations.

Property revenue is conservatively reduced in 1995 reflecting the end of the lease with CMA for the bulk of the rentable area. The CMA does have an option on the space but does not have to exercise the option until six months prior to the end of the lease, which is December 1994.

Interest income, despite reduced rates, is expected to grow modestly as CDA rebuilds its cash reserves.

Other income, largely based on foreign exchange and royalties has been reduced slightly to reflect actual results. The recovery of legal expenses and GST recovered from prior years, housed in this account, inflated 1993 results. Any further recovery has not yet been confirmed.

EXPENSES

Executive Services

The Board of Governors budget has been increased modestly in anticipation of higher expenses. Executive Council and Management Committee expenses including the cost of both regular and discretionary meetings as well as Honoraria payments, are also expected to go up modestly.

President's expenses, including both a travel budget and expenses related to the Presidents Installation Dinner have been increased to reflect actual costs in recent years.

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The FDI budget includes the corporate fee paid to FDI and the cost of travel to the FDI Congress for the Past-President and National Treasurer. (Note: National Treasurers' expense may be covered by FDI.) The 1995 Congress will be held in Hong Kong.

The Intercorporate Relations budget, increased in 1994 to properly reflect travel costs of the Executive Director, has been increased modestly in 1995.

The Nominations and Awards budget is practically unchanged for 1994.

The budget for New Projects is set at \$50,000, similar to 1994. This budget item is used to fund unforeseen program initiatives.

Professional Services

Each of the areas in this division are unchanged.

Member Services

The Government Relations budget has been decreased slightly.

The Communications Steering Group area encompasses a number of project areas: The Communications Steering Committee, Dental Awareness Program, Dental Awareness Special Projects (Corporate Sponsored Programs), General Information Services and Merchandising including the Practice Management Program. The basic budget is unchanged from 1994. It should be noted that the merchandise budget is very much a factor of sales.

The Insurance and Investment budget provides funding for legal fees as well as expenses related to CDA's promotion and administration of the plans and services.

The Library budget remains the same as 1994.

The Membership budget includes the cost of Membership Services Committee meetings as well as promotion which includes the paper campaign, the membership booth, speakers' tours, advertisements, information kits, brochures and other miscellaneous expenditures. It is important, to note that many of these dollars are spent to promote CDA across Canada and not just in the "voluntary" provinces. Approximately one quarter of the promotion budget is spent on programs delivered or available to dentists across Canada.

There was no change to the Publications budget, nor the Student Affairs budget.

The Taxation budget was increased to reflect anticipated workload.

There was no change to the Third Party budget.

Administration

In the area of Staffing, each department's budget has been increased modestly to allow for an increase in wages to be awarded based on performance. As well, additional funds have been set aside for training. The staff compliment at CDA at the end of 1993 was 41 full-time and 1 part-time staff, excluding convention staff.

In the areas of Operations and Property, increases have been limited to modest changes over the 1994 budget.

**CANADIAN DENTAL ASSOCIATION
1995 BUDGET**

(BUDGET95.XLS)

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	1995 Budget (Provis'1)	1994 Budget (Adjusted)	1994 Budget (Provis'1)	1993 Actual (draft)	1993 Budget (Adjusted)	95 Dft.Bgt. '94 Adj.Bgt.
REVENUE						
FEES	\$4,349,489	\$4,238,609	\$4,228,084	\$4,072,852	\$4,046,134	102.6%
NON-DUES	1,923,436	1,934,874	1,831,265	2,129,940	1,746,227	99.4%
TOTAL REVENUE	\$6,272,925	\$6,173,483	\$6,059,349	\$6,202,792	\$5,792,361	101.6%
EXPENSE						
EXECUTIVE SERVICES	\$692,794	\$661,110	\$638,110	\$572,954	\$591,349	104.8%
PROFESSIONAL SERVICES	404,975	404,975	403,975	322,047	385,141	100.0%
MEMBER SERVICES	1,711,310	1,709,214	1,657,165	1,501,603	1,634,278	100.1%
ADMINISTRATION	3,409,798	3,322,550	3,303,295	2,979,912	3,142,616	102.6%
TOTAL EXPENSE	\$6,218,877	\$6,097,849	\$6,002,545	\$5,376,516	\$5,753,384	102.0%
NET SURPLUS / (DEFICIT)	\$54,048	\$75,634	\$56,804	\$826,276	\$38,977	71.5%

CANADIAN DENTAL ASSOCIATION
1995 BUDGET

(BUDGET95.XLS)

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	1995 Budget (Provis'l)	1994 Budget (Adjusted)	1994 Budget (Provis'l)	1993 Actual (draft)	1993 Budget (Adjusted)	95 Dft. Bgt. '94 Adj. Bgt.
FEES						
Active Fees	\$3,367,700	\$3,367,700	\$3,342,200	\$3,249,227	\$3,226,290	100.0%
Affiliate Fees	328,100	328,100	346,375	317,818	334,150	100.0%
Supporting Fees	15,088	15,088	12,963	14,836	14,452	100.0%
Retired Fees	10,944	10,944	10,731	10,554	10,345	100.0%
Student Fees	43,850	43,850	40,000	48,421	45,125	100.0%
Corporate Fees	270,950	162,570	160,478	132,306	127,362	166.7%
Licensing Body Grants	310,358	310,358	315,337	293,230	285,910	100.0%
FDI Fees	2,500	0	0	6,460	2,500	
Total	\$4,349,489	\$4,238,609	\$4,228,084	\$4,072,852	\$4,046,134	102.6%
NON-DUES INCOME						
Accreditation Surveys	\$102,000	\$98,388	\$98,388	\$91,011	\$79,600	103.7%
Consumer Product Recognition	100,000	85,000	85,000	111,381	62,000	117.6%
D A T	330,000	316,750	316,750	356,347	310,000	104.2%
Information Services	250,000	225,000	225,000	177,416	207,000	111.1%
Library Services	125,000	147,500	147,500	18,064	147,500	84.7%
Conferences & Seminars	60,700	71,000	71,000	72,332	62,000	85.5%
Publications	800,000	797,000	740,000	814,084	718,000	100.4%
Property	61,736	108,736	56,627	82,770	81,127	56.8%
Interest	48,000	44,000	40,000	45,583	30,000	109.1%
Other	46,000	41,500	51,000	360,952	51,000	110.8%
Total	\$1,923,436	\$1,934,874	\$1,831,265	\$2,129,940	\$1,746,227	99.4%

CANADIAN DENTAL ASSOCIATION
1995 BUDGET

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	1995 Budget (Provis'1)	1994 Budget (Adjusted)	1994 Budget (Provis'1)	1993 Actual (draft)	1993 Budget (Adjusted)	95 Dft.Bgt. '94 Adj.Bgt.
EXECUTIVE SERVICES						
Board of Governors	\$146,570	\$141,857	\$141,857	\$122,421	\$135,309	103.3%
Executive Council	117,323	116,252	116,252	112,695	112,065	100.9%
Management Committee	187,165	186,170	176,170	181,060	167,747	100.5%
President's Expenses	86,820	83,194	83,194	85,484	72,855	104.4%
Constitution & By-Laws	1,600	1,600	1,600	808	1,500	100.0%
F.D.I.	46,869	28,500	28,500	27,963	28,288	164.5%
Intercompany Relations	38,440	35,440	22,440	31,439	23,000	108.5%
Nominations	18,007	18,097	18,097	11,084	15,585	99.5%
New Projects	50,000	50,000	50,000	0	35,000	100.0%
Total	\$692,794	\$661,110	\$638,110	\$572,954	\$591,349	104.8%
PROFESSIONAL SERVICES						
Accreditation	\$156,925	\$156,925	\$156,925	\$121,433	\$150,900	100.0%
Consumer Product Recognition	17,500	17,500	17,500	17,570	16,167	100.0%
DAT	159,400	159,400	159,400	121,697	159,050	100.0%
Dental Mat. & Devices	10,400	10,400	10,400	7,973	9,739	100.0%
Dental Specialties	1,000	1,000	0	569	0	100.0%
Education	36,150	36,150	36,150	33,497	30,807	100.0%
Ethics	2,000	2,000	2,000	34	2,000	100.0%
Commun. & Institution	21,600	21,600	21,600	19,275	16,478	100.0%
Total	\$404,975	\$404,975	\$403,975	\$322,047	\$385,141	100.0%

CANADIAN DENTAL ASSOCIATION
1995 BUDGET

	1995 Budget (Provis'1)	1994 Budget (Adjusted)	1994 Budget (Provis'1)	1993 Actual (draft)	1993 Budget (Adjusted)	95 Dft.Bgt. '94 Adj.Bgt.
MEMBER SERVICES						
Government Relations	\$12,292	\$12,496	\$11,286	\$8,707	\$6,072	98.4%
Com. Steering	379,154	379,154	374,154	271,004	361,500	100.0%
Insurance & Investment	61,000	61,000	61,000	143,835	103,000	100.0%
Library	71,869	71,869	56,869	43,580	54,946	100.0%
Membership	170,000	170,000	165,601	136,762	160,000	100.0%
Publications	883,588	883,588	847,148	803,604	818,500	100.0%
Student Affairs	89,490	89,490	104,490	63,649	94,193	100.0%
Taxation Committee	13,700	11,400	6,400	7,179	6,872	120.2%
Third Party Plans	30,217	30,217	30,217	23,282	29,195	100.0%
Total	\$1,711,310	\$1,709,214	\$1,657,165	\$1,501,803	\$1,634,278	100.1%
ADMINISTRATION						
Exec. Services Staff	\$473,441	\$462,252	\$446,084	\$411,682	\$445,148	102.4%
Prof. Services Staff	430,253	420,228	442,621	402,557	427,732	102.4%
Mem. Services Staff	794,872	776,320	765,005	690,874	675,465	102.4%
Admin. Services Staff	505,782	493,150	463,651	469,070	448,137	102.6%
Operations	589,450	581,200	584,500	462,906	564,900	103.1%
Property	606,000	589,400	601,434	542,823	581,234	102.8%
Total	\$3,409,798	\$3,322,550	\$3,303,295	\$2,979,912	\$3,142,616	102.6%

CANADIAN DENTAL ASSOCIATION
1995 BUDGET

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	1995 Budget (Provis'1)	1994 Budget (Adjusted)	1994 Budget (Provis'1)	1993 Actual (draft)	1993 Budget (Adjusted)	95 Dft.Bgt. '94 Adj.Bgt.
FEES						
Active Fees - Newfoundland	\$56,950	\$56,950	\$56,650	\$54,940	\$56,580	100.0%
Active Fees - P.E.I.	19,125	19,125	19,125	18,450	18,450	100.0%
Active Fees - Nova Scotia	180,625	180,625	178,925	174,250	172,610	100.0%
Active Fees - N.B.	99,025	99,025	95,200	96,350	92,250	100.0%
Active Fees - Quebec	226,525	226,525	240,550	218,810	231,650	100.0%
Active Fees - Ontario	977,075	977,075	983,450	943,525	958,170	100.0%
Active Fees - Manitoba	212,925	212,925	210,800	205,820	203,770	100.0%
Active Fees - Saskatchewan	139,825	139,825	140,250	134,480	136,120	100.0%
Active Fees - Alberta	583,950	583,950	570,350	562,103	550,220	100.0%
Active Fees - B.C.	871,675	871,675	844,900	840,500	806,470	100.0%
Affiliate Fees						
Affiliate Fees - Newfoundland	0	0	0	0	0	
Affiliate Fees - P.E.I.	0	0	0	0	0	
Affiliate Fees - Nova Scotia	0	0	0	410	0	
Affiliate Fees - N.B.	0	0	0	0	0	
Affiliate Fees - Quebec	187,850	187,850	215,050	181,323	207,460	100.0%
Affiliate Fees - Ontario	127,500	127,500	122,825	123,527	118,490	100.0%
Affiliate Fees - Manitoba	0	0	0	0	0	
Affiliate Fees - Saskatchewan	0	0	0	410	0	
Affiliate Fees - Alberta	0	0	0	0	0	
Affiliate Fees - B.C.	0	0	0	0	0	
Affiliate Fees - Other	12,750	12,750	8,500	12,149	8,200	100.0%
Supporting Fees						
Supporting Fees - Newfoundland	0	0	0	205	0	
Supporting Fees - P.E.I.	0	0	0	0	0	
Supporting Fees - Nova Scotia	0	0	0	205	0	
Supporting Fees - N.B.	0	0	0	0	0	
Supporting Fees - Quebec	1,700	1,700	850	1,640	718	100.0%
Supporting Fees - Ontario	6,163	6,163	6,163	5,970	5,945	100.0%
Supporting Fees - Manitoba	0	0	0	0	0	
Supporting Fees - Saskatchewan	0	0	0	0	0	
Supporting Fees - Alberta	0	0	0	51	0	
Supporting Fees - B.C.	425	425	425	205	410	100.0%
Supporting Fees - Other	6,800	6,800	5,525	6,560	7,380	100.0%
Retired Fees						
Retired Fees - Newfoundland	319	319	213	308	205	100.0%
Retired Fees - P.E.I.	0	0	106	0	103	
Retired Fees - Nova Scotia	106	106	319	103	308	100.0%
Retired Fees - N.B.	106	106	0	103	0	100.0%
Retired Fees - Quebec	2,231	2,231	2,656	2,153	2,563	100.0%
Retired Fees - Ontario	5,100	5,100	4,994	4,920	4,818	100.0%
Retired Fees - Manitoba	319	319	319	308	308	100.0%
Retired Fees - Saskatchewan	0	0	213	0	205	
Retired Fees - Alberta	850	850	638	820	815	100.0%
Retired Fees - B.C.	1,063	1,063	956	1,025	923	100.0%
Retired Fees - Other	850	850	319	816	300	100.0%

CANADIAN DENTAL ASSOCIATION

1995 BUDGET

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	1995 Budget (Provis'1)	1994 Budget (Adjusted)	1994 Budget (Provis'1)	1993 Actual (draft)	1993 Budget (Adjusted)	95 Dft.Bgt. '94 Adj.Bgt.
Student Fees - Newfoundland	25	25	0	50	0	100.0%
Student Fees - P.E.I.	0	0	0	0	0	
Student Fees - Nova Scotia	3,475	3,475	2,850	3,525	3,225	100.0%
Student Fees - N.B.	0	0	0	0	25	
Student Fees - Quebec	14,750	14,750	14,750	17,075	15,500	100.0%
Student Fees - Ontario	9,750	9,750	9,750	11,700	10,425	100.0%
Student Fees - Manitoba	3,150	3,150	2,100	3,175	2,450	100.0%
Student Fees - Saskatchewan	2,275	2,275	2,275	3,212	2,525	100.0%
Student Fees - Alberta	4,000	4,000	4,000	3,575	4,000	100.0%
Student Fees - B.C.	5,250	5,250	3,100	5,284	3,850	100.0%
Student Fees - Other	1,175	1,175	1,175	825	3,125	100.0%
Corporate Fees - Newfoundland	3,600	2,160	2,160	1,680	1,728	166.7%
Corporate Fees - P.E.I.	1,225	735	690	588	552	166.7%
Corporate Fees - Nova Scotia	10,725	6,435	6,360	5,148	5,088	166.7%
Corporate Fees - N.B.	6,200	3,720	3,675	3,000	2,940	166.7%
Corporate Fees - Quebec	39,875	23,925	23,115	19,140	18,492	166.7%
Corporate Fees - Ontario	95,000	57,000	56,955	47,868	45,000	166.7%
Corporate Fees - Manitoba	12,900	7,740	7,643	6,198	6,114	166.7%
Corporate Fees - Saskatchewan	8,925	5,355	5,520	4,284	4,380	166.7%
Corporate Fees - Alberta	36,275	21,765	21,480	17,412	17,136	166.7%
Corporate Fees - B.C.	56,225	33,735	32,880	26,988	25,932	166.7%
Licensing Body Grant - Newfoundland	3,080	3,080	3,146	2,800	2,860	100.0%
Licensing Body Grant - P.E.I.	1,078	1,078	1,034	980	940	100.0%
Licensing Body Grant - Nova Scotia	9,438	9,438	9,328	8,580	8,480	100.0%
Licensing Body Grant - N.B.	5,456	5,456	5,390	5,000	4,900	100.0%
Licensing Body Grant - Quebec	69,300	69,300	68,112	63,000	61,920	100.0%
Licensing Body Grant - Ontario	121,400	121,400	129,294	121,400	117,540	100.0%
Licensing Body Grant - Manitoba	11,352	11,352	11,209	10,330	10,190	100.0%
Licensing Body Grant - Saskatchewan	7,854	7,854	8,096	7,140	7,300	100.0%
Licensing Body Grant - Alberta	31,922	31,922	31,504	29,020	28,560	100.0%
Licensing Body Grant - B.C.	49,478	49,478	48,224	44,980	43,220	100.0%
FDI Fees (Receipts less payments)	2,500	0	0	6,460	2,500	
Total	\$4,349,489	\$4,238,609	\$4,228,084	\$4,072,852	\$4,046,134	102.6%

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	1995 Budget (Provis'1)	1994 Budget (Adjusted)	1994 Budget (Provis'1)	1993 Actual (draft)	1993 Budget (Adjusted)	'95 Dft.Bgt. '94 Adj.Bgt.
NON-DUES INCOME						
Accreditation - Colleges	\$30,000	\$28,328	\$28,328	\$26,098	\$23,500	105.9%
Accreditation - Universities	20,000	19,590	19,590	20,621	15,600	102.1%
Accreditation - Hospitals	15,000	14,470	14,470	8,292	4,500	103.7%
Accreditation - NDEB Grant	37,000	36,000	36,000	36,000	36,000	102.8%
Consumer Product Recognition - Fees	100,000	85,000	85,000	111,381	62,000	117.6%
D A T - Application Fees	245,000	232,350	232,350	260,727	275,000	105.4%
D A T - Material Sales	85,000	84,400	84,400	95,620	35,000	100.7%
Info. Services - Merchandise Sales	250,000	225,000	225,000	177,416	207,000	111.1%
Library Services - DCF Grant	100,000	127,500	127,500	-9,600	127,500	78.4%
Library Services - Charges	25,000	20,000	20,000	27,664	20,000	125.0%
Conf. & Sem. - Teach.	10,000	10,000	10,000	16,509	11,000	100.0%
Conf. & Sem. - Stud.	10,000	11,000	11,000	11,000	11,000	90.9%
Conf. & Sem. - Annual Conv. (net)	40,000	50,000	50,000	40,000	40,000	80.0%
Conf. & Sem. - Taxation (net)	700	0	0	0	0	
Conf. & Sem. - Other (net)	0	0	0	4,823	0	
Publications - Commercial Advertisi	700,000	700,000	655,000	725,595	631,000	100.0%
Publications - Classified Advertisi	75,000	75,000	60,000	66,087	60,000	100.0%
Publications - Subscriptions Sales	25,000	22,000	25,000	21,071	25,000	113.6%
Publications - Reprints Sales	0	0	0	1,331	0	
Property - Rental - O.D.S.	4,039	4,039	3,871	3,871	3,871	100.0%
Property - Rental - Wayne Thomas	4,883	4,883	4,680	4,680	4,680	100.0%
Property - Rental - F.W.W.	5,343	5,343	5,121	5,121	5,121	100.0%
Property - Rental - ACFD	7,363	7,363	7,056	7,056	7,056	100.0%
Property - Rental - DCF	5,008	5,008	4,800	5,220	4,800	100.0%
Property - Rental - CMA	30,000	77,000	26,000	50,583	51,000	39.0%
Property - Rental - Parking	3,600	3,600	3,600	4,260	3,600	100.0%
Property - Rental - Escalations	1,500	1,500	1,500	1,980	1,000	100.0%
Interest - Term Deposits	36,000	32,000	20,000	32,488	0	112.5%
Interest - Current Account	12,000	12,000	20,000	13,094	30,000	100.0%
Other - Royalties	20,000	15,000	25,000	60,362	25,000	133.3%
Other - Foreign Exchange	1,000	1,500	1,000	1,352	1,000	66.7%
Other - Miscellaneous	25,000	25,000	25,000	299,239	25,000	100.0%
Total	\$1,923,436	\$1,934,874	\$1,831,265	\$2,129,940	\$1,748,227	99.4%

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	1995 Budget (Provis'1)	1994 Budget (Adjusted)	1994 Budget (Provis'1)	1993 Actual (draft)	1993 Budget (Adjusted)	95 Dft.Bgt. '94 Adj.Bgt.
EXECUTIVE SERVICES						
Board of Governors/Travel	\$38,250	\$45,400	\$45,400	\$30,490	\$31,800	84.3%
Board Of Governors/Accommodation	34,400	31,300	31,300	25,629	28,980	109.9%
Board of Governors/PD	32,820	28,457	28,457	25,711	33,579	115.7%
Board Of Governors/Other	41,000	36,700	36,700	40,591	40,950	111.7%
Executive Council/Travel	19,600	19,600	19,600	17,018	19,600	100.0%
Executive Council/Accommodation	21,290	21,290	21,290	22,522	20,815	100.0%
Executive Council/PD	52,333	53,817	53,817	30,651	54,655	97.2%
Executive Council/Other	5,000	5,000	5,000	15,374	6,500	100.0%
Executive Council Expense/Travel	2,000	2,000	2,000	6,838	1,000	100.0%
Executive Council Expense/Accommoda	5,520	5,520	5,520	2,649	5,520	100.0%
Executive Council Expense/PD	3,580	3,025	3,025	5,332	2,975	118.3%
Executive Council Expense/Other	8,000	6,000	6,000	12,312	1,000	133.3%
Management Committee/Travel	2,000	4,000	4,000	229	5,000	50.0%
Management Committee/Accommodation	5,000	5,000	5,000	3,723	6,140	100.0%
Management Committee/PD	15,215	17,360	17,360	11,273	16,207	87.6%
Management Committee/Other	2,000	2,000	2,000	1,972	2,000	100.0%
Management Committee/Honoraria	99,450	96,550	96,550	94,740	92,840	103.0%
Management Committee Expense/Travel	13,500	11,240	6,240	13,724	5,000	120.1%
Management Committee Expense/Accommoda	3,500	4,160	4,160	4,259	4,000	84.1%
Management Committee Expense/PD	21,500	22,380	17,380	25,944	13,080	96.2%
Management Committee Expense/Other	25,000	23,500	23,500	25,196	23,500	106.4%
President's Expenses/Travel	23,700	23,700	23,700	16,982	17,000	100.0%
President's Expenses/Accommodation	7,910	7,910	7,910	12,280	9,000	100.0%
President's Expenses/PD	34,010	32,984	32,984	35,837	29,855	103.1%
President's Expenses/Other	2,500	2,000	2,000	3,102	2,000	125.0%
President's Expenses/Installation	18,700	16,600	16,600	17,283	15,000	112.7%
Constitution & By-Laws/Travel	0	0	0	0	0	
Constitution & By-Laws/Accommodation	0	0	0	0	0	
Constitution & By-Laws/PD	0	0	0	0	0	
Constitution & By-Laws/Other	1,600	1,600	1,600	808	1,500	100.0%
F.D.I. - Congress/Travel	11,129	0	0	0	3,188	
F.D.I. - Congress/Accommodation	6,240	0	0	58	1,500	
F.D.I. - Congress/Other	1,000	0	0	6	500	
F.D.I. - Corporate Fee	25,000	25,000	25,000	24,853	22,100	100.0%
F.D.I. - Administration	3,500	3,500	3,500	3,046	1,000	100.0%
Intercompany Relations/Travel	22,440	17,940	11,440	20,394	11,500	125.1%
Intercompany Relations/Accommodat	14,000	15,500	9,000	10,452	9,500	90.3%
Intercompany Relations/Other	2,000	2,000	2,000	594	2,000	100.0%
Nominations/Travel	6,100	6,100	6,100	2,791	5,900	100.0%
Nominations/Accommodation	3,320	3,320	3,320	1,709	2,920	100.0%
Nominations/PD	895	865	865	0	853	103.5%
Nominations/Other	500	1,500	1,500	6,584	1,000	33.3%
Nominations/Awards	7,192	6,312	6,312	0	4,912	113.9%
New Projects/Travel	10,000	10,000	10,000	0	5,000	100.0%
New Projects/Accommodation	10,000	10,000	10,000	0	5,000	100.0%
New Projects/PD	10,000	10,000	10,000	0	5,000	100.0%
New Projects/Other	20,000	20,000	20,000	0	20,000	100.0%
Total	\$892,794	\$861,110	\$838,110	\$572,954	\$591,349	104.8%

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	1995 Budget (Provis'l)	1994 Budget (Adjusted)	1994 Budget (Provis'l)	1993 Actual (draft)	1993 Budget (Adjusted)	95 Dft.Bgt. '94 Adj.Bgt.
PROFESSIONAL SERVICES						
Accreditation/Travel	\$27,300	\$27,300	\$27,300	\$18,105	\$16,000	100.0%
Accreditation/Accommodation	16,750	16,750	16,750	6,691	10,000	100.0%
Accreditation/PD	1,600	1,600	1,600	1,450	7,000	100.0%
Accreditation/Other	8,000	8,000	8,000	6,575	16,900	100.0%
Accreditation/University Surveys	32,692	32,692	32,692	22,374	40,000	100.0%
Accreditation/College Surveys	35,092	35,092	35,092	54,026	50,000	100.0%
Accreditation/Hospital Surveys	35,491	35,491	35,491	12,211	11,000	100.0%
Consumer Product Recognition/Travel	9,800	9,800	9,800	7,494	8,500	100.0%
Consumer Product Recognition/Accomm	3,500	3,500	3,500	3,344	4,000	100.0%
Consumer Product Recognition/PD	3,000	3,000	3,000	4,131	3,000	100.0%
Consumer Product Recognition/Other	1,200	1,200	1,200	2,601	667	100.0%
DAT/Travel	25,300	25,300	25,300	11,227	19,750	100.0%
DAT/Accommodation	15,750	15,750	15,750	4,296	20,000	100.0%
DAT/PD	6,000	6,000	6,000	2,611	2,000	100.0%
DAT/Other	2,500	2,500	2,500	4,382	2,500	100.0%
DAT/Test Program	109,850	109,850	109,850	99,181	114,800	100.0%
Dental Mat. & Devices/Travel	4,900	4,900	4,900	4,094	3,500	100.0%
Dental Mat. & Devices/Accommodation	3,000	3,000	3,000	1,395	4,500	100.0%
Dental Mat. & Devices/PD	1,500	1,500	1,500	1,629	1,000	100.0%
Dental Mat. & Devices/Other	1,000	1,000	1,000	855	739	100.0%
Dental Specialties/Travel	0	0	0	0	0	
Dental Specialties/Accommodation	0	0	0	0	0	
Dental Specialties/PD	0	0	0	0	0	
Dental Specialties/Other	1,000	1,000	0	569	0	100.0%
Education/Travel	9,800	9,800	9,800	8,410	4,500	100.0%
Education/Accommodation	5,150	5,150	5,150	2,945	6,500	100.0%
Education/PD	3,400	3,400	3,400	2,295	2,000	100.0%
Education/Other	1,800	1,800	1,800	1,223	2,000	100.0%
Education/Teaching Conference	16,000	16,000	16,000	18,624	15,807	100.0%
Ethics/Travel	0	0	0	0	0	
Ethics/Accommodation	0	0	0	0	0	
Ethics/PD	0	0	0	0	0	
Ethics/Other	2,000	2,000	2,000	34	2,000	100.0%
Commun. & Institution/Travel	12,600	12,600	12,600	7,238	7,000	100.0%
Commun. & Institution/Accommodation	4,500	4,500	4,500	6,309	8,000	100.0%
Commun. & Institution/PD	3,000	3,000	3,000	4,153	1,000	100.0%
Commun. & Institution/Other	1,500	1,500	1,500	1,575	478	100.0%
Total	\$404,975	\$404,975	\$403,975	\$322,048	\$385,141	100.0%

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	1995 Budget (Provis'l)	1994 Budget (Adjusted)	1994 Budget (Provis'l)	1993 Actual (draft)	1993 Budget (Adjusted)	95 Dft.Bgt. '94 Adj.Bgt.
MEMBER SERVICES						
Government Relations/Travel	0	0	0	\$90	\$0	
Government Relations/Accommodation	0	0	0	328	0	
Government Relations/PD	1,790	1,766	1,766	0	1,706	101.4%
Government Relations/Other	6,500	6,728	5,518	8,287	500	98.8%
Ad Hoc Com. on MSB/Travel	1,656	1,656	1,656	0	1,600	100.0%
Ad Hoc Com. on MSB/Accommodation	478	478	478	0	460	100.0%
Ad Hoc Com. on MSB/PD	1,766	1,766	1,766	0	1,706	100.0%
Ad Hoc Com. on MSB/Other	104	104	104	2	100	100.0%
Com. Steering/Travel	7,779	7,779	5,279	4,842	5,100	100.0%
Com. Steering/Accommodation	7,779	7,779	5,279	2,026	5,100	100.0%
Com. Steering/PD	10,609	10,609	10,609	6,830	10,250	100.0%
Com. Steering/Other	2,122	2,122	2,122	9,813	2,050	100.0%
Com. Steering/DHM	3,493	3,493	3,493	1,623	3,375	100.0%
Com. Steering/DAP	82,800	82,800	82,800	84,411	80,000	100.0%
Com. Steering/DAPS	0	0	0	-38,178	0	
Com. Steering/Merchandise	212,175	212,175	212,175	158,935	205,000	100.0%
Com. Steering/Services	52,397	52,397	52,397	41,703	50,625	100.0%
Insurance & Investment/Travel	5,000	5,000	5,000	1,704	0	100.0%
Insurance & Investment/Accommodation	2,000	2,000	2,000	510	0	100.0%
Insurance & Investment/PD	3,000	3,000	3,000	3,924	0	100.0%
Insurance & Investment/Other	51,000	51,000	51,000	137,698	103,000	100.0%
Library/Services	71,869	71,869	56,869	43,580	54,946	100.0%
Membership/Travel	0	0	4,244	1,869	4,100	
Membership/Accommodation	0	0	4,244	944	4,100	
Membership/PD	0	0	3,607	484	3,485	
Membership/Other	5,000	5,000	5,304	337	5,125	100.0%
Membership/Promotion	165,000	165,000	148,202	133,128	143,190	100.0%
Publications/Newsletter	106,088	106,088	106,088	84,972	102,500	100.0%
Publications/Annual Report & Dir.	0	0	0	0	0	
Publications/Journal Production	537,500	537,500	527,850	504,290	510,000	100.0%
Publications/Journal Sales	240,000	240,000	213,210	214,342	206,000	100.0%
Student Affairs/Travel	7,835	7,835	7,835	6,954	7,570	100.0%
Student Affairs/Accommodation	7,387	7,387	7,387	5,000	7,137	100.0%
Student Affairs/PD	1,695	1,695	1,695	578	1,638	100.0%
Student Affairs/Other	1,028	1,028	1,028	970	993	100.0%
Student Affairs/Promotion	58,814	58,814	73,814	36,160	64,555	100.0%
Student Affairs/Student Conf.	12,731	12,731	12,731	13,987	12,300	100.0%
Taxation Committee/Travel	3,600	3,000	3,000	1,930	3,000	120.0%
Taxation Committee/Accommodation	1,300	800	800	399	800	162.5%
Taxation Committee/PD	2,800	1,600	1,600	770	1,572	175.0%
Taxation Committee/Other	6,000	6,000	1,000	4,080	1,500	100.0%
Third Party Plans/Travel	11,069	11,069	11,069	8,473	10,695	100.0%
Third Party Plans/Accommodation	8,798	8,798	8,798	7,217	8,500	100.0%
Third Party Plans/PD	4,140	4,140	4,140	5,364	4,000	100.0%
Third Party Plans/Other	4,140	4,140	4,140	2,210	4,000	100.0%
Third Party Plans/P I P (Net)	2,070	2,070	2,070	19	2,000	100.0%
Total	\$1,711,310	\$1,709,214	\$1,657,165	\$1,501,603	\$1,634,278	100.1%

CANADIAN DENTAL ASSOCIATION
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	1995 Budget (Provis'1)	1994 Budget (Adjusted)	1994 Budget (Provis'1)	1993 Actual (draft)	1993 Budget (Adjusted)	95 Dft.Bgt. '94 Adj.Bgt.
ADMINISTRATION						
Executive Staff/Travel	\$5,000	\$5,000	\$11,500	\$7,513	\$11,500	100.0%
Executive Staff/Accommodation	4,000	4,000	10,500	7,523	11,500	100.0%
Executive Staff/Other	9,500	9,500	9,500	12,524	9,500	100.0%
Executive Staff/Payroll	375,057	365,909	333,178	310,137	336,189	102.5%
Executive Staff/Temporary	2,500	2,500	2,500	6,726	2,500	100.0%
Executive Staff/Benefits	71,884	69,843	72,408	66,513	69,959	102.9%
Executive Staff/Training	2,500	2,500	2,500	400	2,000	100.0%
Executive Staff/Advertising & Fees	2,000	2,000	2,000	0	0	100.0%
Executive Staff/Miscellaneous	1,000	1,000	2,000	347	2,000	100.0%
Prof. Services Staff/Travel	7,500	7,500	9,500	6,057	10,500	100.0%
Prof. Services Staff/Accommodation	5,500	5,500	7,500	6,573	8,500	100.0%
Prof. Services Staff/Other	5,500	5,500	5,500	2,613	5,500	100.0%
Prof. Services Staff/Payroll	345,687	337,256	342,360	320,036	330,779	102.5%
Prof. Services Staff/Temporary	2,500	2,500	2,500	8,472	2,500	100.0%
Prof. Services Staff/Benefits	56,566	54,972	68,261	58,428	65,953	102.9%
Prof. Services Staff/Training	4,000	4,000	3,000	21	2,000	100.0%
Prof. Services Staff/Advertising &	2,000	2,000	2,000	95	0	100.0%
Prof. Services Staff/Miscellaneous	1,000	1,000	2,000	261	2,000	100.0%
Member Services Staff/Travel	7,500	7,500	9,500	3,143	9,500	100.0%
Member Services Staff/Accommodation	5,000	5,000	6,500	1,615	7,500	100.0%
Member Services Staff/Other	5,500	5,500	5,500	3,052	6,500	100.0%
Member Services Staff/Payroll	658,419	642,360	634,465	574,059	542,216	102.5%
Member Services Staff/Temporary	19,500	19,500	22,500	17,765	22,500	100.0%
Member Services Staff/Benefits	88,453	85,980	77,540	84,848	79,749	102.9%
Member Services Staff/Training	7,000	7,000	5,000	2,605	3,000	100.0%
Member Services Staff/Advertising &	2,500	2,500	2,000	3,365	2,500	100.0%
Member Services Staff/Miscellaneous	1,000	1,000	2,000	422	2,000	100.0%
Admin. Staff/Travel	3,000	3,000	3,000	782	3,500	100.0%
Admin. Staff/Accommodation	3,000	2,500	2,500	1,636	3,000	120.0%
Admin. Staff/Other	2,500	2,500	2,500	3,166	3,000	100.0%
Admin. Staff/Payroll	418,329	408,126	381,620	391,436	365,839	102.5%
Admin. Staff/Temporary	3,000	3,000	3,000	708	4,000	100.0%
Admin. Staff/Benefits	68,453	66,524	66,031	75,637	63,798	102.9%
Admin. Staff/Training	5,500	5,500	3,000	1,221	3,000	100.0%
Admin. Staff/Advertising & Fees	1,000	1,000	1,000	458	0	100.0%
Admin. Staff/Miscellaneous	1,000	1,000	1,000	-5,974	2,000	100.0%

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	1995 Budget (Provis'l)	1994 Budget (Adjusted)	1994 Budget (Provis'l)	1993 Actual (draft)	1993 Budget (Adjusted)	95 Dft.Bgt. '94 Adj.Bgt.
Operations/Travel	250	250	500	66	500	100.0%
Operations/Accommodation	250	250	500	45	500	100.0%
Operations/Facility R&C	6,000	5,000	6,000	2,974	5,800	120.0%
Operations/Printing	1,500	1,500	1,000	1,590	1,000	100.0%
Operations/Photocopying	2,000	2,000	2,000	1,921	1,800	100.0%
Operations/Translation	500	500	500	596	500	100.0%
Operations/Photography	0	0	500	0	500	
Operations/Postage	2,500	2,000	2,000	1,918	2,000	125.0%
Operations/Shipping And Delivery	6,000	5,000	7,000	412	7,000	120.0%
Operations/Electronic Mail & Fax	750	500	2,000	4,677	6,500	150.0%
Operations/Legal & Consulting	4,000	4,000	4,000	4,920	2,000	100.0%
Operations/Equip. Purchase & Rental	95,000	95,000	90,000	118,904	89,000	100.0%
Operations/Equip. Maintenance	23,000	20,000	18,000	23,201	12,000	115.0%
Operations/Office Supplies	15,000	14,500	15,000	10,211	18,000	103.4%
Operations/Stationary	43,000	42,000	42,000	27,222	39,000	102.4%
Operations/Dues Fees & Subs	1,200	1,200	1,200	2,019	1,300	100.0%
Operations/Software	7,500	6,000	6,000	5,421	6,000	125.0%
Operations/Telephone	112,000	110,000	124,000	98,563	121,000	101.8%
Operations/Admin. Charges	19,000	17,500	17,500	17,229	16,500	108.6%
Operations/G.S.T.	140,000	140,000	140,000	97,844	140,000	100.0%
Operations/Audit And Financial	22,000	21,000	18,800	5,000	18,000	104.8%
Operations/Equip. Dep'n.	30,000	30,000	60,000	18,752	52,000	100.0%
Operations/Insurance	58,000	58,000	16,000	15,651	16,000	100.0%
Operations/Miscellaneous	10,000	5,000	10,000	5,770	10,000	200.0%
Property/Rent	19,500	19,500	15,000	12,096	15,000	100.0%
Property/Other	5,000	4,200	4,200	2,310	4,200	119.0%
Property/Legal & Consulting	6,000	4,000	6,000	315	5,000	150.0%
Property/Utilities	72,000	69,000	69,000	69,007	60,000	104.3%
Property/HVAC	25,000	25,000	20,000	21,437	18,000	100.0%
Property/Cleaning	27,500	25,500	25,500	24,904	24,000	107.8%
Property/Security & Fire Inspection	5,000	4,500	3,200	3,940	3,200	111.1%
Property/Bldg. Main. & Repairs	30,000	25,000	15,000	14,551	12,000	120.0%
Property/Grounds Maintenance	15,000	14,500	12,000	10,156	12,000	103.4%
Property/Dep'n Expense	169,000	169,000	179,200	164,945	179,200	100.0%
Property/Mortgage	122,000	122,000	151,134	130,477	151,134	100.0%
Property/Insurance	10,000	10,000	8,000	6,225	7,500	100.0%
Property/Realty Tax	95,000	92,200	92,200	82,359	89,000	103.0%
Property/Miscellaneous	5,000	5,000	1,000	101	1,000	100.0%
Total	\$3,409,798	\$3,322,550	\$3,303,295	\$2,979,912	\$3,142,616	102.8%

Canadian Dental Association
1995 Adjusted CDANet Budget
(for cash flow purposes)

Revenue

Claims	\$136,080
Value Added	\$93,600
Total	\$229,680

Expense

Claims - Operations	\$41,000
Claims - Marketing	\$23,750
Sub-total	\$64,750
Value Added - Operations	\$18,000
Value Added - Marketing	\$41,250
Sub-total	\$59,250
Total	\$124,000

Net Surplus/(Deficit)	\$105,680
Net Surplus/(Deficit) - Claims only	\$71,330
Net Surplus/(Deficit) - Value Added only	\$34,350

Canadian Dental Association
1995 CDANet Budget

Revenue

Claims	\$0
Value Added	\$93,600
Total	\$93,600

Expense

Claims - Operations	\$97,000
Claims - Marketing	\$55,750
Sub-total	\$152,750
Value Added - Operations	\$62,000
Value Added - Marketing	\$109,250
Sub-total	\$171,250
Total	\$324,000

Net Surplus/(Deficit)	(\$230,400)
Net Surplus/(Deficit) - Claims only	(\$152,750)
Net Surplus/(Deficit) - Value Added only	(\$77,650)

**1995 CDANet Budget Calculations
Revenue**

Claims

4500 dentists @ 40 claims per month @ \$.10 + B.C. revenue \$272,160

Value Added

Basic package - 1000 dentists @ \$5 for 12 months \$60,000

Services - 1000 dentists @ \$2.8 for 12 months \$33,600

1995 CDANet Budget Calculations
Expenditure

Claims - Operations

Committee	\$8,000
Chairman liaison	\$5,000
Negotiation with Blues	\$6,000
Chairman at BofG	\$3,000
legals (Blues)	\$9,000
legals (ACE/SHNS)	\$5,000
postage, stationary etc.	\$4,000
misc.	\$1,000
Sub-total	<u>\$41,000</u>
plus Overhead	<u>\$56,000</u>
Total	\$97,000

Claims - Marketing

Committee	\$1,000
Booth	\$9,750
update ads	\$10,000
postage, stationary etc.	\$2,000
misc	\$1,000
Sub-total	<u>\$23,750</u>
plus Overhead	<u>\$32,000</u>
Total	\$55,750

Value Added - Operations

Committee	\$9,000
legals (CDA/provinces update)	\$4,000
postage, stationary etc.	\$4,000
misc	\$1,000
Sub-total	<u>\$18,000</u>
plus Overhead	<u>\$44,000</u>
Total	\$62,000

Value Added - Marketing

Committee	\$4,000
Booth	\$9,250
Ads (Design one new ad)	\$20,000
Mailing	\$5,000
postage, stationary etc.	\$2,000
misc	\$1,000
Sub-total	<u>\$41,250</u>
plus Overhead	<u>\$68,000</u>
Total	\$109,250

Grand total without overhead \$124,000

Grand total with overhead \$324,000

Canadian Dental Association
Consolidated 1995 Budgets

	1995 Budget (Provis'l)	1994 Budget (Adjusted)	1993 Actual (Draft)	1993 Budget
Revenue				
CDA	\$6,272,925	\$6,173,483	\$6,202,793	\$5,792,361
CDANet	\$229,680	\$112,795	\$47,872	\$75,000
Convention	N/A	N/A	\$1,068,205	\$740,000
	\$6,502,605	\$6,286,278	\$7,318,870	\$6,607,361
Expenses				
CDA	\$6,218,877	\$6,097,849	\$5,376,517	\$5,753,384
CDANet	\$124,000	\$176,212	\$78,832	\$80,000
Convention	N/A	N/A	\$926,497	\$717,300
	\$6,342,877	\$6,274,061	\$6,381,845	\$6,550,684
Net Surplus/(Deficit)	\$159,728	\$12,217	\$937,025	\$56,677

94/1/26

Canadian Dental Association
1994 Adjusted CDANet Budget
(for cash flow purposes)

94AJCNET.XLS

Revenue

Claims	\$65,995
Value Added	\$46,800
Total	\$112,795

Expense

Claims - Operations	\$43,012
Claims - Marketing	\$28,430
Sub-total	\$71,442
Value Added - Operations	\$46,470
Value Added - Marketing	\$58,300
Sub-total	\$104,770
Total	\$176,212

Net Surplus/(Deficit)	(\$63,417)
Net Surplus/(Deficit) - Claims only	(\$5,447)
Net Surplus/(Deficit) - Value Added only	(\$57,970)

Canadian Dental Association
1994 Adjusted CDANet Budget

Revenue

Claims	\$0
Value Added	\$46,800
Total	\$46,800

Expense

Claims - Operations	\$92,178
Claims - Marketing	\$55,846
Sub-total	\$148,024
Value Added - Operations	\$84,761
Value Added - Marketing	\$118,341
Sub-total	\$203,102
Total	\$351,126

Net Surplus/(Deficit)	(\$304,326)
Net Surplus/(Deficit) - Claims only	(\$148,024)
Net Surplus/(Deficit) - Value Added only	(\$156,302)

Claims

average of 2750 dentists @ 40 claims per month @ \$.10	\$131,990
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Value Added

Basic package - 500 dentists @ \$5 for 12 months	\$30,000
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Services - 500 dentists @ \$2.8 for 12 months	\$16,800
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Claims - Operations

Committee	\$6,012
Chairman liaison	\$5,000
Negotiation with Blues	\$6,000
Chairman at BofG	\$3,000
legals (Blues)	\$9,000
legals (trademark)	\$4,000
legals (ACE/SHNS)	\$5,000
postage, stationary etc.	\$4,000
misc.	\$1,000
Sub-total	<u>\$43,012</u>
plus Overhead	<u>\$49,166</u>
Total	\$92,178

Claims - Marketing

Committee	\$680
Booth (FDI & ODQ)	\$9,750
new ads	\$15,000
postage, stationary etc.	\$2,000
misc	\$1,000
Sub-total	<u>\$28,430</u>
plus Overhead	<u>\$27,416</u>
Total	\$55,846

Value Added - Operations

Committee	\$7,470
NDC negotiations	\$2,000
legals (NDC/CDA)	\$4,000
legals (CDA/provinces)	\$4,000
set up billing system	\$25,000
postage, stationary etc.	\$3,000
misc	\$1,000
Sub-total	<u>\$46,470</u>
plus Overhead	<u>\$38,291</u>
Total	\$84,761

Value Added - Marketing

Committee	\$2,550
Booth (ODQ & ODA)	\$2,750
Ads (Consulting, Design)	\$25,000
Brochures	\$15,000
Mailing	\$10,000
postage, stationary etc.	\$2,000
misc	\$1,000
Sub-total	<u>\$58,300</u>
plus Overhead	<u>\$60,041</u>
Total	\$118,341

Grand total without overhead

162

\$176,212

Grand total with overhead

\$351,126

**CURRENT
TERMS OF REFERENCE
CDAnet Committee**

APPENDIX IV

Membership:

The CDAnet Committee shall consist of six members, a non-voting Chairman and an Executive Liaison, and shall function as a Committee of CDA Executive Council.

The members of this Committee will be:

- a Chairman appointed by the CDA President
- one member appointed by the College of Dental Surgeons of British Columbia
- one member appointed by the Alberta Dental Association
- one member appointed by and representing the Manitoba Dental Association and College of Dental Surgeons of Saskatchewan
- one member appointed by and representing the Atlantic provinces
- two members appointed by the Ontario Dental Association
- an Executive Liaison appointed by the CDA President

Each term of office shall be for a period of 2 years, renewable 3 times. The Committee will stagger the initial terms to provide continuity.

Role of Committee:

- a) To oversee and direct the ongoing development, operations and policies of CDAnet.
- b) To oversee and direct the promotion and marketing of CDAnet and other related electronic services.

Role of Members:

- a) To represent and inform his/her or provincial dental association(s) and their members regarding matters related to the progress, ongoing development, operations and policies of CDAnet.
- b) To represent his/her national or provincial dental association(s) in the marketing and promotion of CDAnet upon request.

Compensation:

Per diems will be paid, where applicable, at the Chairman and spokesperson level. The applicable conditions for payment will be as follows:

- i) Members attending Committee meetings will not receive a per diem.
- ii) Where a Committee member is asked to represent CDAnet for purposes of development, negotiation or promotional activities at the request of CDA for local, provincial and national meetings, per diems will be paid out of gross CDAnet revenues.

Approved by
CDA Board of Governors
April, 1991

APPROVED
TERMS OF REFERENCE
CDAnet Committee

Membership:

The CDAnet Committee shall consist of six members, a non-voting Chairman and an Executive Liaison, and shall function as a Committee of CDA Executive Council.

The members of this Committee will be:

- a Chairman appointed by the CDA President
- one member appointed by the College of Dental Surgeons of British Columbia
- one member appointed by the Alberta Dental Association
- one member appointed by and representing the Manitoba Dental Association and College of Dental Surgeons of Saskatchewan
- one member appointed by and representing the Atlantic provinces
- two members appointed by the Ontario Dental Association
- an Executive Liaison appointed by the CDA President

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- b) To oversee and direct the promotion and marketing of CDAnet and other related electronic services.

Role of Members:

- a) To represent and inform his/her or provincial dental association(s) and their members regarding matters related to the progress, ongoing development, operations and policies of CDAnet.
- b) To represent his/her national or provincial dental association(s) in the marketing and promotion of CDAnet upon request.

Compensation:

Per diems will be paid, where applicable, at the Chairman and spokesperson level. The applicable conditions for payment will be as follows:

- i) Members attending Committee meetings will not receive a per diem.
- ii) Where a Committee member is asked to represent CDAnet for purposes of development, negotiation or promotional activities at the request of CDA for local, provincial and national meetings, per diems will be paid out of gross CDAnet revenues. **Per Diems are paid at the Chairman level unless otherwise indicated by CDA per diem policy.**

**Approved by the
CDA Board of Governors
April, 1994**

PROPOSED

LEVEL OF PER DIEM COMPENSATION

MANAGEMENT COMMITTEE AND EXECUTIVE COUNCIL

PREAMBLE

The report of the Ad Hoc Committee on Per Diems presented to the Board of Governors in 1985, and the resulting resolutions, form the principles of the payment of per diems to CDA officers and officials.

CDA per diem policy reflects a differential between the level of per diem compensation for the Chairman of the Board of Governors, and members of Management Committee, the Executive Council and Chairmen. The rationale for the differential is based on the activity level associated with the individual office as per diems, (and honoraria in the case of Management members), are acknowledged to be compensation for the impact of lost practice time.

Therefore,

members of Management Committee will be paid a per diem at the Management level in all instances where they act in an official CDA capacity, where the activity has the prior approval of Management Committee.

members of Executive Council will be paid a per diem at the Executive Council level in all instances where they act in an official CDA capacity, and where the activity has the prior approval of Management Committee or Executive Council.

Meetings of Management Committee, Executive Council, the Board of Governors and attendance of Executive Liaisons at duly called meetings of CDA Councils and Committees, are considered to have the prior approval of Management Committee.

Management Committee will take into consideration cost/benefit factors in determining the required level of representation at all other events and activities.

1993-10-06

APPROVED
LEVEL OF PER DIEM COMPENSATION
MANAGEMENT COMMITTEE AND EXECUTIVE COUNCIL

PREAMBLE

The report of the Ad Hoc Committee on Per Diems presented to the Board of Governors in 1985, and the resulting resolutions, form the principles of the payment of per diems to CDA officers and officials.

CDA per diem policy reflects a differential between the level of per diem compensation for the Chairman of the Board of Governors, and members of Management Committee, the Executive Council and Chairmen. The rationale for the differential is based on the activity level associated with the individual office as per diems, (and honoraria in the case of Management members), are acknowledged to be compensation for the impact of lost practice time.

Therefore,

members of Executive Council will be paid a per diem at the Executive Council level in all instances where they act in an official CDA capacity, and where the activity has the prior approval of Management Committee or Executive Council.

members of Management Committee will be paid a per diem at the Management level in all instances where they act in an official CDA capacity (inclusive of their service as members of Executive Council), where the activity has the prior approval of Management Committee.

Meetings of Management Committee, Executive Council, the Board of Governors and attendance of Executive Liaisons at duly called meetings of CDA Councils and Committees, are considered to have the prior approval of Management Committee.

Management Committee will take into consideration cost/benefit factors in determining the required level of representation at all other events and activities.

Approved by the
CDA Board of Governors
April, 1994

Agreement Between the
Canadian Association of Orthodontists
and the
Canadian Dental Association
with regard to the Grieve Memorial Lectureship

1. The Grieve Memorial Lecture will conform to the overall theme for the scientific program of the CDA Annual Dental Meeting. The General Chairman of the CDA Annual Dental Meeting will provide to CAO a list of future dates, sites and overall plan of future CDA annual meetings.
2. At least twelve (12) months prior to the annual scientific meeting, the CDA will invite a speaker to deliver the Grieve Memorial Lecture. The speaker will be selected by unanimous agreement of a Committee including the Secretary-Treasurer of the CAO, the President of CAO, and the General Chairman of the CDA Annual Dental Meeting. This committee composition corresponds to the original intent of the Trust.
3. Eighty percent (80%) of the income generated by the Fund will be allocated to pay the direct expenses of the speaker (honorarium and expenses) with the remainder of the fund income added to the principal.
4. The CDA Annual Dental Meeting will pay indirect costs associated with the lecture (lecture room, equipment, etc.).
5. If the expenses in any given year are less than 80% of the income from the fund, the unexpended funds will be returned to the principal.
6. In the event there is a short-fall in the fund, in any given year, to cover the expenses as outlined in point 3, the CAO will cover the short-fall.
7. The George Wellington Grieve Memorial Lecture will maintain its previously recognized prestigious status within the CDA Convention Scientific Program attended by the CDA President or representative who will open proceedings and will present a commemorative CDA G.W. Grieve Memorial certificate to the designated speaker.
8. Annual financial statements of the Grieve Fund will be forwarded to CAO for its review on completion of the CDA audit.
9. This arrangement remains in effect unless either party notifies the other of a change with twelve months prior notice.

1994-03-01

NOTES TO THE ADJUSTED 1994 BUDGET

A draft 1994 budget was first presented to the Board of Governors at the Interim Meeting held May 1, 1993. At the time, Governors were advised that the 1994 Budget was considered provisional until discussions impacting programming could take place at the Planning Session. It called for a surplus of \$56,808.

At the Planning Session, the 1994 provisional budget was presented to Executive Council in a revised format showing total costs including overhead of each program area, as an information tool relative to their discussions on goals and objectives. While the format was different, the numbers were in summary the same and, in reviewing the budget, members were satisfied it could and should stand as is. Their direction to senior staff was only to make any adjustments necessary as fine tuning based on actual results for 1993. These few changes were made and as a result the bottom line has changed from a surplus of \$56,808 to a surplus of \$75,634. The changes made are outlined below.

Revenue

- adjustments to fee income to reflect actual membership in 1993.
- an increase in advertising income for CDA publications based on revised projections.
- a small adjustment in property revenue reflecting lease terms.
- a reduction in other or miscellaneous income based on an expectation that Royalty income will be lower.

Expenses

- an increase in the Management Committee budget based on anticipated costs.
- an increase in Intercompany Relation expenses based on a better allocation of expense (staff travel expenses were reduced accordingly).

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- an allowance for expenses related to a meeting of Dental Specialty officials.
- a modest adjustment to the Government Relations budget reflecting anticipated costs.
- an increase to the Communications Steering Committee budget reflecting the merging of the Membership Committee into the Steering Group and the resulting higher meeting costs.
- an increase in the Library expense budget to allow for expanded electronic facilities.
- an increase in funding for the Membership Committee related to promotion incorporating some centralization of activity (note reduced expense in the Student area for promotion).
- a revised Publications budget forecasting increased expenses (balanced by increased revenues noted above).
- a reduced promotion budget for the Student Affairs Committee (see above - Membership)
- an allowance has been made in the taxation budget for consulting work that may be required as a result of initiatives of the new federal government.
- adjustments to the Staff budgets based on current staffing compliment, adding a provision for one new staff member in 1994 and an increase in the training budget.
- various changes in the Operation Budget resulting in a net reduction in expense.
- a reduced Property budget based primarily on more accurate, and lower, budgets for depreciation and mortgage interest.

In total, the above changes reflect an increase of \$114,134 in revenue and an increase of \$95,304 in expenses.

CANADIAN DENTAL ASSOCIATION
1994 BUDGET

	1994 Budget (Adjusted)	1994 Budget Provisional	1993 Actual (draft)	1993 Budget (Adjusted)	1992 Actual	'94 Adj. Bgt. '93 Adj. Bgt.
REVENUE						
FEES	\$4,238,609	\$4,228,084	\$4,072,852	\$4,046,134	\$3,906,982	104.8%
OTHER	1,934,874	1,831,265	2,129,940	1,746,227	1,816,790	110.8%
TOTAL REVENUE	\$6,173,483	\$6,059,349	\$6,202,792	\$5,792,361	\$5,723,772	106.6%
EXPENSE						
EXECUTIVE SERVICES	\$661,110	\$638,110	\$572,954	\$591,349	\$533,434	111.8%
PROFESSIONAL SERVICES	404,975	403,975	322,047	385,141	355,246	105.1%
MEMBER SERVICES	1,709,214	1,657,165	1,501,603	1,634,278	1,634,328	104.6%
ADMINISTRATION	3,322,550	3,303,295	2,979,912	3,142,616	3,000,103	105.7%
TOTAL EXPENSE	\$6,097,849	\$6,002,545	\$5,376,516	\$5,753,384	\$5,523,111	106.0%
NET SURPLUS / (DEFICIT)	\$75,634	\$56,804	\$826,276	\$38,977	\$200,662	194.0%

CANADIAN DENTAL ASSOCIATION

1994 BUDGET

Page 4

94/3/1 (94AJUS\$.XLS)

	1994 Budget (Adjusted)	1994 Budget Provisional	1993 Actual (draft)	1993 Budget (Adjusted)	1992 Actual	'94 Adj.Bgt. '93 Adj.Bgt.
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FEES

Active Fees	\$3,367,700	\$3,342,200	\$3,249,227	\$3,226,290	\$3,105,704	104.4%
Affiliate Fees	328,100	346,375	317,818	334,150	322,123	98.2%
Supporting Fees	15,088	12,963	14,836	14,452	11,949	104.4%
Retired Fees	10,944	10,731	10,554	10,345	9,966	105.8%
Student Fees	43,850	40,000	48,421	45,125	40,320	97.2%
Corporate Fees	162,570	160,478	132,306	127,362	128,382	127.6%
Licensing Body Grants	310,358	315,337	293,230	285,910	286,670	108.6%
FDI Fees	0	0	6,460	2,500	1,869	0.0%
Total	\$4,238,609	\$4,228,084	\$4,072,852	\$4,046,134	\$3,906,982	104.8%

NON-DUES INCOME

Accreditation Surveys	\$98,388	\$98,388	\$91,011	\$79,600	\$89,710	123.6%
Consumer Product Recognition	85,000	85,000	111,381	62,000	38,009	137.1%
D A T	316,750	316,750	356,347	310,000	301,223	102.2%
Information Services	225,000	225,000	177,416	207,000	269,469	108.7%
Library Services	147,500	147,500	18,064	147,500	207,293	100.0%
Conferences & Seminars	71,000	71,000	72,332	62,000	56,507	114.5%
Publications	797,000	740,000	814,084	716,000	715,050	111.3%
Property	108,736	56,627	82,770	81,127	63,265	134.0%
Interest	44,000	40,000	45,583	30,000	27,105	146.7%
Other	41,500	51,000	360,952	51,000	49,159	81.4%
Total	\$1,934,874	\$1,831,265	\$2,129,940	\$1,746,227	\$1,816,790	110.8%

CANADIAN DENTAL ASSOCIATION
1994 BUDGET

	1994 Budget (Adjusted)	1994 Budget Provisional	1993 Actual (draft)	1993 Budget (Adjusted)	1992 Actual	'94 Adj. Bgt. '93 Adj. Bgt.
EXECUTIVE SERVICES						
Board of Governors	\$141,857	\$141,857	\$122,421	\$135,309	\$133,797	104.8%
Executive Council	116,252	116,252	112,695	112,065	89,666	103.7%
Management Committee	186,170	176,170	181,060	167,747	170,768	111.0%
President's Expenses	83,194	83,194	85,484	72,855	77,312	114.2%
Constitution & By-Laws	1,600	1,600	808	1,500	1,198	106.7%
F.D.I.	28,500	28,500	27,963	28,288	25,851	100.7%
Intercompany Relations	35,440	22,440	31,439	23,000	20,701	154.1%
Nominations	18,097	18,097	11,084	15,585	14,141	116.1%
New Projects	50,000	50,000	0	35,000	0	142.9%
Total	\$661,110	\$638,110	\$572,954	\$591,349	\$533,434	111.8%
PROFESSIONAL SERVICES						
Accreditation	\$156,925	\$156,925	\$121,433	\$150,900	\$143,186	104.0%
Consumer Product Recognition	17,500	17,500	17,570	16,187	12,408	108.2%
DAT	159,400	159,400	121,697	159,050	137,088	100.2%
Dental Mat. & Devices	10,400	10,400	7,973	9,739	6,841	106.8%
Dental Specialties	1,000	0	589	0	8,516	
Education	36,150	36,150	33,497	30,807	16,809	117.3%
Ethics	2,000	2,000	34	2,000	4,258	100.0%
Commun. & Institution	21,600	21,600	19,275	16,478	26,139	131.1%
Total	\$404,975	\$403,975	\$322,047	\$385,141	\$355,246	105.1%

CANADIAN DENTAL ASSOCIATION
1994 BUDGET

	1994 Budget (Adjusted)	1994 Budget Provisional	1993 Actual (draft)	1993 Budget (Adjusted)	1992 Actual	'94 Adj.Bgt. '93 Adj.Bgt
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MEMBER SERVICES

Government Relations	\$12,496	\$11,286	\$8,707	\$6,072	\$5,727	205.8%
Com. Steering	379,154	374,154	271,004	381,500	407,054	104.9%
Insurance & Investment	61,000	61,000	143,835	103,000	145,122	59.2%
Library	71,869	56,869	43,580	54,946	41,803	130.8%
Membership	170,000	165,601	136,762	160,000	138,103	106.3%
Publications	883,588	847,148	803,604	818,500	772,003	108.0%
Student Affairs	89,490	104,490	63,649	94,193	99,313	95.0%
Taxation Committee	11,400	6,400	7,179	6,872	3,532	165.9%
Third Party Plans	30,217	30,217	23,282	29,195	21,671	103.5%
Total	\$1,709,214	\$1,657,165	\$1,501,603	\$1,634,278	\$1,634,328	104.6%

ADMINISTRATION

Exec. Services Staff	\$462,252	\$446,084	\$411,682	\$445,148	\$417,608	103.8%
Prof. Services Staff	420,228	442,621	402,557	427,732	447,726	98.2%
Mem. Services Staff	776,320	765,005	690,874	675,465	640,939	114.9%
Admin. Services Staff	493,150	463,651	469,070	448,137	437,490	110.0%
Operations	581,200	584,500	462,906	564,900	519,625	102.9%
Property	589,400	601,434	542,823	581,234	536,716	101.4%
Total	\$3,322,550	\$3,303,295	\$2,979,912	\$3,142,616	\$3,000,103	105.7%

CANADIAN DENTAL ASSOCIATION
CASH FLOW STUDY
as at Dec. 1993

	Variance	1993 Actual (Unaudited)	1993 Budget (Prorated)	1993 Budget (Adjusted)
FEES				
Active	22,937	3,249,227	3,226,290	3,226,290
Affiliate	-16,332	317,818	334,150	334,150
Supporting	384	14,836	14,452	14,452
Student	3,297	48,422	45,125	45,125
Retired	209	10,554	10,345	10,345
Corporate	4,944	132,306	127,362	127,362
Licensing Body	7,320	293,230	285,910	285,910
F.D.I.	3,960	6,460	2,500	2,500
Total	26,719	4,072,853	4,046,134	4,046,134
NON-DUES INCOME				
Accred. Surveys	11,411	91,011	79,600	79,600
C.P.R.	49,381	111,381	62,000	62,000
D.A.T.	46,347	356,347	310,000	310,000
Info. Services	-29,584	177,416	207,000	207,000
Library	-129,436	18,064	147,500	147,500
Conf. & Seminars	10,332	72,332	62,000	62,000
Publications	98,084	814,084	716,000	716,000
Property	1,643	82,770	81,127	81,127
Interest	15,583	45,583	30,000	30,000
Other	309,952	360,952	51,000	51,000
Total	383,713	2,129,940	1,746,227	1,746,227
TOTAL REVENUE	410,432	6,202,793	5,792,361	5,792,361

CANADIAN DENTAL ASSOCIATION
CASH FLOW STUDY
as at Dec. 1993

	Variance	1993 Actual (Unaudited)	1993 Budget (Prorated)	1993 Budget (Adjusted)
EXECUTIVE SERVICES				
Board of Governors	12,888	122,421	135,309	135,309
Executive Council	-630	112,695	112,065	112,065
Management Committee	-13,313	181,060	167,747	167,747
President's Expenses	-12,629	85,484	72,855	72,855
Constitution & By-laws	692	808	1,500	1,500
F.D.I.	325	27,963	28,288	28,288
Intercompany Relations	-8,439	31,439	23,000	23,000
Nominations	4,501	11,084	15,585	15,585
New Projects	35,000	0	35,000	35,000
Total	18,395	572,954	591,349	591,349
PROFESSIONAL SERVICES				
Accreditation	29,467	121,433	150,900	150,900
Consumer Product Recognition	-1,403	17,570	16,167	16,167
DAT	37,353	121,897	159,050	159,050
Dental Materials & Devices	1,766	7,973	9,739	9,739
Dental Specialties	-569	569	0	0
Education	-2,690	33,497	30,807	30,807
Ethics	1,966	34	2,000	2,000
Community & Institution	-2,797	19,275	16,478	16,478
PRUC	-1	1	0	0
Total	63,093	322,048	385,141	385,141

CANADIAN DENTAL ASSOCIATION
CASH FLOW STUDY
as at Dec. 1993

	Variance	1993 Actual (Unaudited)	1993 Budget (Prorated)	1993 Budget (Adjusted)
MEMBER SERVICES				
Government Relations	-2,635	8,707	6,072	6,072
Information Services	92,826	268,674	361,500	361,500
Insurance & Investment	-40,835	143,835	103,000	103,000
Library	11,366	43,580	54,946	54,946
Membership	23,238	136,762	160,000	160,000
Publications	12,566	805,934	818,500	818,500
Student Affairs	30,544	63,649	94,193	94,193
Taxation	-307	7,179	6,872	6,872
Third Party Plans	5,913	23,282	29,195	29,195
Total	132,675	1,501,603	1,634,278	1,634,278
ADMINISTRATION				
Staff - Executive Services	33,466	411,682	445,148	445,148
Staff - Professional Services	25,175	402,557	427,732	427,732
Staff - Member Services	-15,409	690,874	675,465	675,465
Staff - Administration	-27,213	475,350	448,137	448,137
Operations	108,275	456,625	564,900	564,900
Property	38,411	542,823	581,234	581,234
Total	162,704	2,979,912	3,142,616	3,142,616
TOTAL EXPENSES	376,867	5,376,517	5,753,384	5,753,384
SURPLUS/(DEFICIT)	787,299	826,276	38,977	38,977

C D A COMMUNICATIONS
FINANCIAL SUMMARY
as at December 31, 1993
(unaudited)

	1993 Budget	1993 Actual	1992 Actual
COMM. STEERING COMMITTEE	\$22,500	\$23,511	\$11,691
INFORMATION SERVICES			
DAP	\$80,000	\$84,411	\$85,357
DAPS	0	(39,178)	12,237
DHM	3,375	1,623	17,248
Miscellaneous Services (*)	50,625	41,703	29,315
Merchandise - Net (**)	(2,000)	(18,481)	(18,263)
	<u>\$132,000</u>	<u>\$70,077</u>	<u>\$125,894</u>
MEMBERSHIP			
Membership Committee	\$16,810	\$3,634	\$6,775
Membership Promotion	143,190	133,126	131,327
	<u>\$160,000</u>	<u>\$136,762</u>	<u>\$138,103</u>
STUDENT AFFAIRS			
Student Affairs Committee	\$17,338	\$13,502	\$7,598
Student Affairs Activities	64,555	36,160	79,002
Student Conference - Net	1,300	2,987	1,713
	<u>\$83,193</u>	<u>\$52,649</u>	<u>\$88,313</u>
PUBLICATIONS			
Journal - Net (**)	\$0	(\$83,052)	(\$32,519)
Communique - Net	102,500	72,572	89,472
	<u>\$102,500</u>	<u>(\$10,480)</u>	<u>\$56,953</u>
TOTAL EXPENSES	<u>\$500,193</u>	<u>\$272,520</u>	<u>\$420,953</u>

* Note: includes Practice Management Program (Expendent)

** Calculations:

Merchandise (Sales and Production)

Revenue	\$207,000	\$177,416	\$269,469
Expenses	205,000	156,935	251,207
Net	<u>\$2,000</u>	<u>\$18,481</u>	<u>\$18,263</u>

Journal (Sales and Production)

Revenue	\$716,000	\$801,684	\$715,050
Expenses	716,000	718,632	682,531
Net	<u>\$0</u>	<u>\$83,052</u>	<u>\$32,519</u>

COMMITTEE ON NOMINATIONS AND AWARDS

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. James Brookfield, Chairman - Kirkland Lake Dr. Les Allen, Winnipeg Dr. Bernard Dolansky, Ottawa Dr. Kevin Roach, Pembroke
Senior Staff:	Mr. Jardine Neilson, Executive Director Mrs. Sandra Davis, Manager - Executive Services
Coordinator:	Ms. Martyne S. Giroux

ITEMS REQUIRING BOARD ACTION

1. Terms of Reference - Committee on Nominations and Awards

Adjustments have been made to the Terms of Reference to change the name of the Committee and eliminate Section (vi). The merger of all charitable entities within CDA, under the umbrella of the Dentistry Canada Fund will put the responsibility for CDA Trust funds with this new entity which will report to the Board of Governors. The Committee on Nominations and Awards has not played an active role in the area of CDA Trusts and it would be appropriate to remove this sub-section from its Terms of Reference. The name of the Committee should be revised accordingly.

Section (ii) identifies those individuals and bodies eligible to nominate to CDA elective offices. Since 1988, the last time the Terms of Reference were revised, amendments have been made to CDA By-Laws identifying nominations that are valid for the Commission on Dental Accreditation of Canada, the Council on Education and the Committee on Community and Institutional Dentistry. The CDA Call for Nominations was amended to reflect these changes as they occurred. However, the Terms of Reference were not revised.

In 1989, several councils for example Dental Materials and Devices, Nominations and Ethics, were changed to committees. In addition, the Commission on Dental Accreditation of Canada was created. Although the by-laws have been amended to reflect these new and renamed structures, the Terms of Reference to the Committee on Nominations and Awards required adjustment to reflect the current structure.

COMMITTEE ON NOMINATIONS AND AWARDS

- 2 -

The Committee wished to have these adjustments recognized prior to the next Call for Nominations.

Executive Council approved the revised terms of reference for the Committee on Nominations and Awards at its Planning Session meeting on October 17, 1993. They are presented here for Governors' ratification.

RESOLVED:

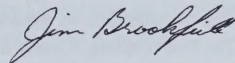
94.32 **THAT the revised Terms of Reference of the Committee on Nominations and Awards be approved as appended.**

APPENDIX I

ADOPTED

NOTE: The Board of Governors refers the revised terms to the Council on Constitution and By-Laws for necessary by-law amendment.

Respectfully submitted,



James Brookfield, D.D.S.,
Chairman, Committee on Nominations
and Awards

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Nominations and Awards.

CURRENT TERMS OF REFERENCE

COMMITTEE ON NOMINATIONS, AWARDS AND TRUSTS

The Committee on Nominations, Awards and Trusts shall consist of four members elected by the Board at its annual meeting pursuant to Article X, Section 6, of these By-laws. The membership should be geographically representative of the Association and should include one or more past-presidents.

It shall be the duty of the Committee on Nominations, Awards and Trusts to:

- (i) prepare a list of all elective offices to be filled, excluding those for the Nominations, Awards and Trusts Committee, and submit this list ninety (90) days before the next annual session to members of the Board of Governors, council chairmen, presidents and secretaries of Corporate members, and presidents and secretaries of Sections.
- (ii) invite, and receive in writing, nominations for each of the above elective offices. Nominations may be made only by members of the Board of Governors, council chairmen, presidents or secretaries of Corporate members, presidents or secretaries of Sections. Except in the case of nominations to the Nominations, Awards and Trusts Committee itself nominations from the floor during the annual meetings will not be valid unless there are withdrawals from the list of nominations as presented by the Committee on Nominations, Awards and Trusts. The Board may then make further nominations from the floor.
- (iii) rule on the eligibility of the nominees in accordance with Articles IX and X.
- (iv) make further nominations to ensure that there is at least one eligible nominee for each vacancy. The Nominations, Awards and Trusts Committee shall not make nominations as to its own membership as provided in Article X, Section 6 of these By-laws.
- (v) submit an annual report, listing alphabetically all eligible nominees for each open elective office. The annual report is to be included with other council reports for advance distribution prior to the annual meeting.
- (vi) administer, publicise and report to the Executive Council and the Board of Governors on all aspects of Canadian Dental Association Trust Funds.
- (vii) administer, and report to the Executive Council and the Board of Governors on all matters relating to Canadian Dental Association Honours and Awards.

Revision approved: August, 1988

**PROPOSED
TERMS OF REFERENCE**

COMMITTEE ON NOMINATIONS AND AWARDS

The Committee on Nominations **and** Awards shall consist of four members elected by the Board at its annual meeting pursuant to Article X, Section 6, of CDA By-laws. The membership should be geographically representative of the Association and should include one or more past-presidents.

It shall be the duty of the Committee on Nominations **and** Awards to:

- (i) prepare a list of all elective offices to be filled, excluding those for the Nominations **and** Awards Committee, and submit this list ninety (90) days before the next annual session to members of the Board of Governors, council, **committee and commission** chairmen, presidents and secretaries of Corporate members, and presidents and secretaries of Sections.
- (ii) invite, and receive in writing, nominations for each of the above elective offices. Nominations may be made only by members of the Board of Governors, council, **committee and commission** chairmen, presidents or secretaries of Corporate members, presidents or secretaries of Sections **and those specifically identified in the Terms of Reference for the Commission on Dental Accreditation of Canada, the Council on Education and the Committee on Community and Institutional Dentistry**. Except in the case of nominations to the Nominations **and** Awards Committee itself, nominations from the floor during the annual meeting will not be valid unless there are withdrawals from the list of nominations as presented by the Committee on Nominations **and** Awards. The Board may then make further nominations from the floor.
- (iii) rule on the eligibility of the nominees in accordance with Articles IX and X.
- (iv) make further nominations to ensure that there is at least one eligible nominee for each vacancy. The Nominations **and** Awards Committee shall not make nominations as to its own membership as provided in Article X, Section 6 of these By-laws.
- (v) submit an annual report, listing alphabetically all eligible nominees for each open elective office. The annual report is to be included with other **committee** reports for advance distribution prior to the annual meeting.
- (vi) administer, and report to the Executive Council and the Board of Governors on all matters relating to Canadian Dental Association Honours and Awards.

Approved by the
CDA Board of Governors
April, 1994

COMMITTEE ON STUDENT AFFAIRS

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members:	Mr. Greg Mitton, Dalhousie University, Chairman Mr. Kevin Davis, University of Toronto, Student Governor Dr. Mahnaz Fatahzadeh, Vancouver, Past Chairman Dr. Marco Chiarot, Charlotte, North Carolina, Past Student Governor Mr. Navid Sarooshi, University of Toronto, Chairman Elect Mr. Cory Sul, University of Manitoba, Student Governor Elect Mr. Robert Armstrong, University of British Columbia Mr. Nathan P. Kern, University of Alberta Mr. Jeff Dutka, University of Saskatchewan Ms Stella Loscerbo, University of Manitoba Mr. Robert Morin, University of Western Ontario Ms Cristina Iafrancesco, McGill University Ms Caterina Alvaro, Université de Montréal Ms Denise Moison, Université Laval
Executive Liaison:	Dr. David Somer, Hamilton
Senior Staff:	Miss Linda Teteruck, Director of Communications

1. Committee Meetings

The Committee on Student Affairs (CSA), has met once since the 1993 Annual Meeting, on September 12 and 13, 1993. This meeting represents the second meeting of the Committee under its new structure. The members listed above represent one half of the total membership of the committee and are currently considered senior members of the CSA. Attendees to our first meeting last June were junior members of the committee and their attendance is recorded in the CSA report to the September 1993 Board.

ITEMS REQUIRING BOARD ACTION

2. CDA Support of Hospital Internship Programs

CSA members are aware that because of funding constraints in all the provinces, dental hospital internship programs are under close scrutiny and, in some cases, are threatened with elimination. This was the case in Ontario last year when the ODA interceded and

was able to convince the provincial government to maintain this program for at least one more year. In light of this, CSA asks CDA to publicly support hospital internships.

RESOLVED:

94.33 THAT CDA, representing dental students in Canada, strongly support the establishment and continuation of all dental hospital internships in Canada as an important service for the public and an excellent educational vehicle.

ADOPTED

3. Expanded Insurance Coverage for Student Members

In reviewing the various insurance programs offered to students by CDSPI, the Committee recommends that the disability insurance now provided third year finishers be extended to include second year finishers and that accidental death and dismemberment optional insurance be increased. Dental students undertake many clinical procedures in their third year (fourth year in Saskatchewan) and, by this time, students have made significant financial investments in their education.

RESOLVED:

94.34 THAT CDSPI be requested to expand the free disability insurance to include second year finishers (third year in Saskatchewan), and to increase A D & D optional insurance to a maximum of \$500,000.

ADOPTED

The Board of Governors agrees, and notes that the Council on Insurance and Investment supports this request.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. Four/Five Year Membership Package - Update

This year marks the first time that CDA has offered freshmen students a complete membership package that will take them from first year enrolment to graduation. At the time of the September meeting, the campaign was just commencing and feedback was positive, although, in some instances, recruiting four (five) years of memberships from first year students was a "hard sell". In conversation with CSA reps following the meeting, some difficulties were experienced. This will require the CSA to review recruitment techniques and the membership package at its next meeting. Membership figures will be provided the Board in April.

5. CDA/Experient Practice Management Program

Representatives to the September meeting had the opportunity to preview the practice management lecture CDA will be offering senior students this fall and winter. Mr. Imtiaz Manji and Mr. Barry McNulty of Experient Consultants attended the meeting and provided the students with an overview. The student response was very positive and representatives were encouraged to assist in arranging, marketing and promoting the lecture at their schools.

Representatives encouraged CDA to make the resource books available to students as soon as possible. They felt that receiving them at the end of their senior year is too late and they require them early in fourth year or even in third year.

It was recognized by the students that receipt of these materials is considered a benefit of new grad membership in CDA. Reps have requested that CDA consider offering new grad membership earlier in fourth year to allow future grads to access these materials.

Discussions also centred on the best way to offer this lecture to French language students at Montreal and Laval. A francophone lecturer will have to be recruited and trained to deliver the materials and they will all have to be translated. This may result in the program being delayed until the fall of 1994.

6. Certification and Licensure

CSA representatives continue to be concerned about the new certification and licensure examination that all new grads will be required to take commencing in 1994. And disappointment was expressed that CDA and its corporate members were not more supportive of the CSA position, initially as it related to students being required to take the examination and now as it relates to new grads having to pay the full cost of the examination at graduation when dollars are tight and there are many other financial demands.

It is CSA's hope that licensing bodies will offset the cost of the examination through their licensing fees to all dentists and that the students will not have to solely bear the cost of the examination.

It is recognized, however, by CSA that CDA has little, if no, influence over the licensing bodies and NDEB on the need for such an examination and on the costs associated with it. This rests with the licensing bodies. It was also recognized that CDA did initiate a conference of all the groups and organizations involved in this issue to ensure that all opinions were heard and that a workable solution could be reached for all concerned. As a means of bringing their financial concerns to the attention of the licensing authorities, it has been recommended that CSA representatives contact their specific licensing body with a letter written by the CDA student governor on this issue. The CDA Executive Council liaison will be copied on the letter.

7. New Grads and CDAnet

Student reps have had the opportunity to preview CDAnet and are interested in its potential as they begin their dental practice life. They would like more exposure to this information in their senior year and suggest that information on CDAnet be presented during CDA's practice management lecture.

8. Recruiting New Grad Members

It is recognized by senior CDA reps that one of their responsibilities is to recruit new grad members into CDA after graduation. This responsibility is already stated in the CSA Manual and reps are aware of this when they run for the position of CDA student representative.

It was suggested that when CSA reps recruit new grad members they should receive some tangible recognition from CDA.

9. Student Journal Column

Over the years, it has been difficult to obtain student written columns for the Journal. It was concluded that the CSA will develop two position papers each year on issues of importance to students, and the Editor will be asked to publish these two columns in their entirety in the Journal.

10. Student Meeting and Forum - FDI

CSA reps are excited about the forthcoming FDI conference in Vancouver and hope that the fall meeting of CSA can be held in conjunction with the conference. (It appears this is possible within the current CSA budget). In addition, it has been suggested that a student forum be held at FDI, if funds and resources allow. A proposal is being developed by the student governor for consideration by CDA.

11. New Committee Structure/Conclusion

The September 1993 meeting marks the second meeting of the CSA under its revised structure and the first meeting with senior CSA reps. The purpose of this meeting was to inform senior students about the programs and services that are available through CDA when they graduate and to discuss ongoing student and new grad concerns. Discussions focused on the accomplishments of CDA, insurance and investment programs through CDSPI, CDA's new practice management program and CDAnet. In addition the entire roster of CDA services was reviewed as well as certification and licensure issues.

The new format has proven to be very informative and initial student reaction is most positive. Presentation of this type of information in fourth year is beneficial since senior students have a better understanding of the issues at hand, the various arms of organized dentistry and the programs and services that are available to the profession.

On behalf of the CSA, I would like to thank the CDA for its continued support of Canadian dental students and their endeavours, and for providing us with the opportunity to come together in this way. We are particularly grateful to our Executive Liaison,

Dr. David Somer and CDA staff for their ongoing guidance and support. And we'd like to make special note of the 15 years of service that Mrs. Win Mobley has given to dental students and wish her well on her retirement.

Respectfully submitted,

Greg Mitton
Chairman
Committee on Student Affairs

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Student Affairs.

TAXATION COMMITTEE

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. Robert Hicks - Chairperson, Vancouver Dr. Jim Brookfield, Kirkland Lake, Ontario Dr. Elizabeth MacSween, Ottawa, Ontario
Executive Liaison:	Dr. Bernie White
Senior Staff:	Mrs. Sandra Davis, Manager, Executive Services
Coordinator:	Ms. Martyne Giroux

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. RRSP Annual Contribution Limits

Prior to the current Federal Budget, information in the media indicated that the RRSP annual contribution limits would be lowered from \$13,500 to \$8,500 in 1994. The Department of Finance confirmed that this proposal was being considered. It further confirmed that it was considering holding this \$8,500 annual contribution constant for a number of years, thereby abandoning the current program which increases annual contribution levels each year until the limit of \$15,500 is reached in 1996.

The reduction of the RRSP annual contribution limit to \$8,500 would result in a significant inequity between those people who rely upon RRSPs and those people who participate in Registered Pension Plans (RPPs).

In 1982, the Canadian Dental Association initiated and developed a Joint Professional Committee (JPC) composed of the Canadian Bar Association (CBA), the Canadian Institute of Chartered Accountants (CICA), the Canadian Medical Association (CMA) and the CDA. The JPC convinced the federal government that RRSPs should be equitable to RPPs and should provide adequate funds to generate a dignified level of pension income.

The CMA brought together a number of associations whose members would be affected by the RRSP change proposed for the 1994 Federal Budget. CDA participated in this fact finding process with the Taxation Committee Chairperson as a member of this joint association group's "executive committee". Important data was generated by this group but in the final hours, the associations decided that each would submit its own brief.

The Chairperson of the Taxation Committee approached the participants involved in the JPC (CMA, CBA and CICA) with a recommendation that the JPC present a "high profiled" brief to the Minister of Finance on this issue. Unfortunately, each organization (other than CDA) felt that time would not be available and decided to submit individual briefs.

The Taxation Committee produced a submission to the Minister of Finance on this issue for our President's signature and presentation. A copy of this submission is appended. A letter was also produced for each dentist in Canada to mail to the Minister of Finance. Fortunately, the Minister of Finance reversed his position on RRSPs and no change in annual contribution limits occurred.

APPENDIX I

The Taxation Committee will monitor this issue over the next twelve months. Comments made by the Minister of Finance during the Budget Speech indicate that the federal government will be reviewing the RRSP issue once again in its announced review and discussion paper on private and public pension plans.

2. **Federal Taxation on Dental Insurance Plans - Employer-Sponsored Premiums**

The proposed tax on employer-sponsored premiums for employee dental plans would have created a serious impact on the economics of dental practice.

The Taxation Committee researched the positive impact that dental insurance plans have had on the continuing increase in the oral health of Canadians. The Committee produced a submission to the Minister of Finance on this issue for signature and presentation by the CDA President.

APPENDIX II

In addition, the Committee produced a letter on this issue for dentists to send to the Minister of Finance and a letter for dental patients to send to the Minister of Finance registering their strong opposition to taxation of dental plan premiums.

Fortunately, the Minister of Finance did not impose a tax on dental plan premiums in the 1994 Budget. However, the CDA Taxation Committee will continue to monitor this issue.

The Chairperson of the Committee feels that this issue will be visited once again. A patient letter to the Minister of Finance opposing any future consideration of taxation of dental insurance plans will be drafted for the Executive Council's consideration. This letter should be delivered to all dentists in Canada with a request that the letter be copied and provided to each

dental patient with encouragement to sign and mail it to the Minister of Health. The Communications Department should develop a program that will encourage dental patients to resist taxation of dental benefits.

3. **Dental Associate Agreement - Employers of Independent Contractors**

Two law firms have provided a draft Dental Associate Agreement based on an independent contractor status for the associate.

One law firm developed a contract which was strongly based on the "independent" nature of the contract dentist's relationship with the primary dentist. From a sample of existing associate agreements, it appeared that most primary dentists preferred a "controlled" relationship with the contract dentist.

The other law firm took the position that there were many variables in primary dentist - contract dentist agreements. In their draft agreement, they address many of the variables between contract dentists and primary dentists and provided comment on the impact these variables would have toward an associate dentist being an employee or being an independent contractor.

From this first round of discussions with these two law firms, it has become clear that a "generic associate agreement" for the use of dental practitioners is not a practical goal, due to the many variables for different circumstances. The Taxation Committee is now working towards a draft Associate Agreement that would address many of the variables and provide comments on their impact on the employee or independent contractor status of the associate dentist.

It should be noted that Revenue Canada - Audits is not active in attempting to classify associate dentists as employees. The Taxation Committee is aware of a single Revenue Canada auditor classifying an associate dentist as an employee and three associate dentists in the Northwest Territories applied for and received employee status through a dispute with their primary dentist.

4. **GST - To Be Or Not To Be?**

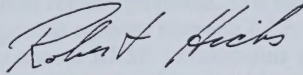
The federal government has indicated it will replace the GST. However, those who follow taxation and finance issues accept the fact that the federal government cannot do without the revenue produced by the GST. Most opinions suggest that a new tax with a new name but similar characteristics as the GST will resurface.

TAXATION COMMITTEE

- 4 -

The Taxation Committee is watching this issue closely. The Committee has requested to present to the Parliament Standing Committee on Finance which is receiving submissions regarding the form of taxation to replace the GST. In addition, the Taxation Committee will be contacting the Department of Finance and requesting that we participate in the development of the new form of taxation, as we did in the development of the GST and its impact on dentistry.

Respectfully submitted,



Robert N. Hicks, DDS, MS
Chairperson, Taxation Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Taxation Committee as information.



January 28, 1994

The Honourable Paul Martin
Minister of Finance
L'Esplanade Laurier
140 O'Connor Street
21st Floor East Tower
Ottawa, ON
K1A 0G5

Dear Minister:

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

OFFICE
OF THE
PRESIDENT
CABINET
DU
PRÉSIDENT

Re: RRSP Annual Contribution Limits

This submission by the Canadian Dental Association represents the views of the 15,000 dental practitioners in Canada who either own or work in small business dental practices and who rely upon the registered retirement savings plan (RRSP) as a major factor in their retirement pension funds. In addition, this submission also expresses the views of many allied dental personnel (dental hygienists, certified dental assistants, laboratory technicians, receptionists) who are employed in these dental practices where registered pension plans (RPPs) are not available. All of these people rely upon the availability of annual RRSP contributions to build tax-assisted savings in order to provide financial security for their retirement years, and to not have to rely upon government-sponsored and funded pension support.

The reduction of annual RRSP contribution limits by your government will result in less retirement savings for the self-employed and for employees who work in small businesses that do not have RPPs. However, people who work in large corporations or in the public sector will have advantageous tax-assisted pension savings.

Historical Factors

When the RRSP was introduced into the Income Tax Act in 1957, the intention was to enable self-employed people and those Canadian employees with inadequate registered pension plans to accumulate tax-

sheltered savings for their retirement years, putting them on the same footing as employees adequately covered by registered pension plans.

Annual contribution limits to RRSPs were established in 1957 and increased to the lesser of \$5,500 or 20% of earned income in 1976. The effects of inflation on the \$5,500 annual limit severely diminished the effectiveness of the RRSP as a provider of reasonable pension benefit at retirement.

The report of the Parliamentary Task Force on Pension Reform in 1983, the Minister of Finance's "Building Better Pension for Canadians" (1984), the 1985 May budget-introduced pension reform proposals, and the White Paper on Tax Reform (1987), all supported equality between RPPs and the RRSP and recommended increases to annual RRSP contributions to counter the attack of inflation. A program was developed to place the maximum annual RRSP limit at \$15,500 by 1996.

A decision by the Federal Government to now reduce the annual RRSP contribution limit to \$8,500, or to make any other significant reduction, would be a regressive step that would unfairly disadvantage the self-employed and employed persons who have no access to a RPP. This action will recreate inequity between those Canadians who rely upon RRSPs and those Canadians who rely upon RPPs - particularly employees who have defined benefit pension plans. With regard to the inequity, the reduction of RRSP contribution limits will return RRSPs to their status prior to 1982, negating the efforts of the Department of Finance since 1985 to treat all Canadians equally through equality and fairness between RRSPs and RPPs.

Reduction of annual RRSP contributions will also reduce Canadians' opportunity to reach savings levels that produce dignified levels of pension income in their retirement years. In 1982 we were concerned that inflation was imposing a negative impact by lowering the "real value" of our annual RRSP contributions. We are now concerned that the Federal Government will reduce Canadians' annual RRSP contributions which will have the same negative impact in 1994 and onward.

RRSPs and the Economy

The Speech from the Throne of January 18, 1994 stated "For long-term job creation, the government will focus on small and medium-sized business. The government will work with Canadian financial institutions to improve access to capital for small business."

Increasing the annual RRSP contribution limits over the past ten years has had the effect of increasing aggregate private savings as a source of funds for capital investment. In 1992, changes were announced to permit RRSP contributors to invest in Canadian small business which would enhance these businesses and create jobs. Maintaining the RRSP annual contribution limits and allowing them to reach \$15,500 in 1996 will assist the objectives of the January 18, 1994 Speech from the Throne by allowing considerable growth in funds for investment within Canada. Reduction of RRSP limits would, by contrast, have a negative impact on these pools of investment funds, making less funds available for entrepreneurial activities. It is reported that 1991 RRSP contributions increased to \$13.4 billion.

RRSP and the Tax System

Proponents of reducing the RRSP contribution limits seem to feel that increasing the government's tax revenue will somehow help the Canadian economy more than allowing increased investment by the private sector. The Speech from the Throne does not appear to endorse this type of taxation policy, but rather it encourages access to investment capital for small business growth. Public opinion appears to be asking that government reduce the federal deficit through expenditure reduction rather than by raising revenue. The tax system has encouraged taxpayers to save retirement funds for retirement income through a tax-assisted program since 1957. The purpose of this tax-assisted savings program was to have Canadians provide for their own retirement income and not be obliged to rely on government-supported retirement incomes.

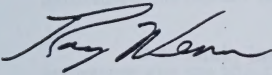
Reduction of annual contributions will lower taxable pension incomes and detract from the government's objectives. The tax system will receive taxation from those retiring and withdrawing pension income from their RRSPs. The larger the RRSP contribution amount in each personal fund, the larger the pension income and the larger the amount of taxes paid. An increasing segment of society is not only aging, but is living longer. This will result in more tax revenue if the tax system permits larger annual contributions to RRSPs.

Summary

The Canadian Dental Association strongly recommends that the annual RRSP contribution limits remain at \$13,500 (1994), \$14,500 (1995) and \$15,500 (1996) and that they be adjusted in future years to reflect increases in the consumer price index for the following reasons:

- a) To maintain equity and fairness between registered retirement savings plans and registered pension plans.
- b) To sustain annual RRSP contribution limits in order to obtain reasonable saving levels that will provide a dignified pension income in retirement years.
- c) To produce an increased "pool" of investment savings that can be invested in Canada's small business activities.

Sincerely yours,



Raymond Wenn, D.D.S.
President



February 2, 1994

The Honourable Paul Martin
Minister of Finance
L'Esplanade Laurier
140 O'Connor Street
21st Floor, East Tower
Ottawa, ON
K1A 0G5

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Dear Minister:

OFFICE
OF THE
PRESIDENT
CABINET
DU
PRÉSIDENT

Re: Taxation of Dental Benefits

This submission by the Canadian Dental Association represents the concerns of the 15,000 dental practitioners in Canada and their dental staffs, regarding the Federal Government's proposal to include the value of a dental plan benefit in an employee's taxable income. We also presume to speak on behalf of our patients, whose oral health will be placed in jeopardy through such a policy. The inclusion of dental plan benefits in taxable income will significantly increase the cost of obtaining dental care through taxation.

The Federal Government has always classified private dental plans as a non-taxable benefit in order to encourage improved oral health for Canadians. This tax and health policy has been very successful and has resulted in Canada having one of the world's highest levels of oral health. Private dental plans have played a large role in reaching this enviable oral health status, by encouraging regular visits for dental care and for preventive dental services. To tax dental benefits will have a negative impact on our national oral health status, through reduced utilization and access to dental care services.

ORAL HEALTH STATUS AND DENTAL INSURANCE

Approximately one-half (52%) of Canadians have some form of dental insurance, with Ontario having about 66% of its population covered by dental plans. Enrollment in private dental plans grew tremendously in Canada from 1970 to 1980 (by 38% per year between 1976 and 1980). Since that time, dental plans have continued to grow, reaching 44% of the population in 1985 and 52% of the population in 1991.

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Paralleling the increase in private dental plans, utilization of dental preventive procedures and dental treatment service also increased. A national survey conducted in 1985 and 1988 indicated that the use of dental services for those over age 17 was high and growing. 60% of those surveyed reported visiting a dental office in 1985 and 65% did so in 1988, with British Columbia and Ontario experiencing the highest usage (72% and 73%). The survey showed that utilization of dental services was associated with private dental plans. Insured people (76%) had a higher utilization than the uninsured (55%).

With this increase in dental service usage due to the increase in private dental plans, the oral health of Canadians increased dramatically. Children under age 15 are now in excellent oral health, if they have participated in a program of two visits each year to a dental office for preventive dental procedures (dental examination, scaling, cleaning, fluoride applications, etc.). In 1985, 34% of adults had all of their own teeth; this percentage rose to 41% in 1991. The percentage of adults who had full dentures in 1985 was 18%; this percentage fell to 14% in 1991.

Public health dental specialists agree that with the significant growth of private dental plans, the oral health of Canadians improved. Analysis of data shows that the increasingly important impact of private dental insurance on dental care financing is the reason for improved oral health.

EFFECT OF TAXING DENTAL PLAN BENEFITS

The taxing of dental plan benefits will add significantly to the cost of individuals and families obtaining dental services via dental insurance. This taxation will result in tax on a specific health care service - a serious divergence from Canada's tax policy, which has avoided tax implications on health care (medical and dental care are exempt from taxation even under the GST legislation).

For average and low-income individuals and families in Canada, this increased tax burden will lower their net income, because they have an employer-sponsored dental plan. The lower income group has the most to lose, because the private dental plan premium does not vary with the level of income.

It is predicted that many Canadian individuals and families will elect to discontinue or severely cut back their dental plans, and receive the equivalent benefit in cash compensation. These currently insured people will likely be those who utilize dental plans the least (for example, the

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healthier prevention-oriented dental patient). This will significantly increase the risk aspect within dental plans. Increased dental plan premiums, reduced benefits within dental plans and/or termination of some dental plans will be inevitable. Employers will have an incentive to discontinue their support of dental plans and provide employees with equivalent cash compensation in order to remove their dental plan administrative procedures and associated costs.

The data provided in the foregoing section of this submission on "oral health status and dental insurance", displays the fact that increased availability of and access to dental plans improved oral health through greater utilization of dental preventive procedures and dental treatment services. Taxation of dental insurance benefits will result in a decrease in the number of Canadians with dental insurance, leading to a lower level of oral health in our country.

In the late 1960's and early 1970's, government-sponsored dental programs were requested by the public to assist dental patients with the cost of dental care. A number of provinces developed or enhanced dental service programs. Most of these programs became very costly for government to sponsor, and they were either discontinued (as in British Columbia), or severely cut back. To avoid a diminution of the level of oral health, an increase in the number of private dental insurance plans filled this financial-assistance void, with partial or full sponsorship by employers.

In the 1980s and 1990s, the private sector, through employer-sponsored dental plans, provided the support to improve Canadians' oral health. Government's role was to provide support by classifying dental insurance plans as non-taxable benefits to employees. With the proposed removal of the Federal Government's support to improve or maintain oral health, either the oral health of Canadians will decline, or governments will be called upon to financially assist in the delivery of dental services. It is obvious in the current economic climate, that the public does not want increased government expenditure. Rather, the public is asking government to encourage the private sector to provide the necessary support, in this case through dental insurance sponsored by employers that is not taxable in the hands of employees.

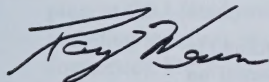
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SUMMARY

The Canadian Dental Association strongly recommends that the Federal Government not proceed to classify the employer-sponsored premium of a dental plan as taxable income in the hands of an employee. Our reasons are as follows:

1. The increased tax burden will result in termination of dental plan benefits by employees in favour of equivalent cash compensation.
2. A decrease in dental plan participation will result in a lower level of oral health status of Canadians.
3. Those insured people who utilize dental plans the least, (those with sound oral health who only use preventive dental procedures), will terminate their dental plans if this proposed taxation comes into effect. A "domino effect" will occur, resulting in an increased dental plan risk factor, significant increases in premiums, a decrease in insured dental services or termination of some dental plans.
4. Pressure will increase on governments to provide financial support for dental care, as Canadians experience a diminished oral health status.
5. Less frequent office visits by dental patients will result in dental staff layoffs. The resulting unemployment in a segment of Canada's small business community is counter to the Federal Government's stated economic policy.

Sincerely yours,



Raymond Wenn, D.D.S.
President

THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Luc Dugal, Calgary
Dr. David Anderson, Windsor
Dr. Alf Dean, New Waterford
Dr. David Tobias, Vancouver

Executive Liaison: Dr. John Diggins, Vancouver

Coordinator: Ms. Susan Matheson

1. Committee Meetings

The Third Party Dental Plans Committee has met twice since the report to the 1993 Annual Meeting: October 29 & 30, 1993, January 21 & 22, 1994.

ITEMS REQUIRING BOARD ACTION

2. Uniform System of Codes and List of Services

APPENDIX I

The Third Party Committee continues to dialogue with the Provincial Committees and Specialty Committees in order to address future changes required to the USCLS.

As an ongoing revision to the USCLS, the Committee submits changes and/or additions to the USCLS for Board approval and implementation in 1995.

RESOLVED:

94.35 **THAT the revisions to the USCLS as outlined in Appendix I be accepted and implemented on January 1, 1995.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. CDA Prepaid Dental Plans Policy Manual

The Committee will complete the revisions of the Prepaid Dental Plans Policy Manual at the next meeting and the manual will be presented to the Annual Meeting of the CDA Board of Governors.

4. **Canadian Dental Association Third Party Committee/Canadian Life and Health Insurance Association Meeting**

The CDA Third Party Committee met with representatives from the Canadian Life and Health Insurance Association in January 1994. The Committee discussed proposed changes to the Uniform System of Codes and List of Services and the time frame required for the insurance companies to initiate system changes. The CLHIA group received an update from the National/Provincial Meeting where the provinces requested that the CDA Third Party Committee be the recognized Committee to liaise with CLHIA on behalf of all provinces. To increase communications, the CLHIA Sub-Committee will provide copies of meeting agendas to the Chairman and an invitation for the Chairman to attend their meetings on behalf of the Committee.

5. **Meeting with President of Canadian Association of Dental Consultants**

The Committee met with the President of the Canadian Association of Dental Consultants and one of their members, at the October meeting. This meeting was initiated to develop a liaison mechanism between the 3P Committee and the CADC. The initial meeting was positive and provided an opportunity for the orientation of each group and it was decided that both groups would attempt to meet on an annual basis. Dr. Norgate, President of CADC, extended an invitation to the Chairman to attend the annual meeting of the CADC and he will be forwarding the information to CDA.

6. **Joint CDA Third Party Committee/Provincial Meeting**

A national meeting between the CDA Third Party Committee and the provinces took place at CDA Headquarters on October 30, 1993. Twenty people attended the meeting including members of provincial economics, third party and dental practice advisory committees. The meeting was extremely positive and a number of suggestions were put forward to increase dialogue between the provincial representatives and the CDA. It was unanimously suggested that the ideal situation would be to hold an annual meeting to allow all levels an opportunity to address third party issues. This suggestion will depend upon both the CDA and provincial budgets and whether funds are available. This suggestion will be forwarded to CDA Executive Council for consideration when formulating the 3P budget.

The meeting provided an opportunity to discuss the USCLS, provincial fee guides, relationships with CLHIA and other third parties, and alternative payment systems. The feedback received from those attending indicated that the meeting was beneficial as it gave the provinces an opportunity to discuss issues and share ideas that are pertinent at both the provincial and national level.

7. **Plans for 1995 3P/Provincial Meeting.**

The Committee proposed that a second national meeting be scheduled early in 1995. The Committee's Executive Liaison will be forwarding this request to CDA Executive Council for consideration when finalizing the 1995 Third Party Committee budget. The Committee recommends that the meeting be held in January - February 1995 in Ottawa. Further information will be forwarded as it becomes available.

8. **Meeting with Canadian Association of Orthodontists**

The Committee met with a representative of the Canadian Association of Orthodontists during the January meeting to discuss procedure codes. The orthodontic section of the USCLS has not been reviewed and/or updated since the USCLS was developed in 1989, and the Committee is requesting input from the CAO to review the USCLS. The CAO will be considering this request at their next executive meeting and will be responding to the Committee.

9. **Meeting with Canadian Association of Periodontists**

The Committee met with Dr. David Hanmer, Chairman of the Third Party Insurance Committee of the Canadian Academy of Periodontology at the January meeting. The Committee will be suggesting changes to the Prophylaxis and Scaling codes that were proposed following the National Forum in October 1993, and input was needed from the CAP. The CAP representative outlined the comments from their members and consensus was reached regarding proposed changes to the periodontal section of the USCLS. Dr. Hanmer will be circulating the proposal to the CAP for comment. The Committee will then circulate any proposed changes to the provinces for comment as stated in the Third Party Guidelines for Code Revisions. The Committee will further update the Board at the annual meeting.

10. **Alternative Payment Systems**

The Committee received information regarding the United Dental Plan's attempt to sign up dentists to provide dental care to clients. The Committee distributed this information to the provinces. The Committee also received information that Ontario Blue Cross and Alberta Blue Cross are setting up (PPO's) Preferred Provider Organizations. The Committee is requesting that the provinces keep the CDA informed of any additional companies initiating PPO's so that this information may be shared nationally.

11. **Purchaser Information Program**

The direction of the Purchaser Information Program (PIP) is involved with the dissemination of information through orders received from across Canada for the Direct Reimbursement Kit and telephone requests for information. Due to budget restrictions, no aggressive activities can be implemented. However, requests for information continues to be handled by the CDA PIP office.

12. **Closing Comments by Chairman**

I would like to thank the Committee members and CDA staff, Susan Matheson and Pat Duminy for their continued assistance and support.

Respectfully submitted,

Luc Dugal, D.M.D., Chairman
Third Party Dental Plans Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Third Party Dental Plans Committee.

USCLS ADDITIONS AND/OR CHANGES FOR IMPLEMENTATION JANUARY 1, 1995

CHANGE	15100	SPACE MAINTAINERS, BAND TYPE
	15101	Space Maintainer, Band Type, Fixed, Unilateral +L
	15102	Space Maintainer, Band Type, Fixed, Unilateral with Intra-alveolar attachment +L
	15103	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch), +L
	15104	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch), with teeth attached +L
	15105	Space Maintainer, Band Type, Fixed, Bilateral Tubes and Locking Wires +L

Requested by the Manitoba Dental Association

NEW 27722 REPAIRS, PORCELAIN/CERAMIC, INDIRECT +L

Requested by the Manitoba Dental Association

COUNCIL ON CONSTITUTION AND BY-LAWS

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. Mac Balfour, Chairman - Oakville Dr. John Silver, Vancouver Dr. Lynn Stone, Edmonton Dr. Gerald Turner, Glace Bay Dr. George Peacock, Consultant, Saskatoon
Executive Liaison:	Dr. Barry Dolman, Montreal
Senior Staff:	Mrs. Sandra Davis, Manager - Executive Services
Coordinator:	Ms. Martyne S. Giroux

1. Council Meetings

One meeting of Council has taken place since the 1993 Annual Meeting of the Board of Governors. This meeting, utilizing a conference call, was held on November 22, 1993.

ITEMS REQUIRING BOARD ACTION

The items requiring consideration of the Board included those referred from the decisions taken during the 1993 Annual Meeting.

2. Article XVI - Councils, Commissions, Committees Section 5 - Terms of Reference (a) Commission on Dental Accreditation of Canada

Resolutions of the 1993 Annual Meeting:

- 93.52 "THAT the terms of reference of the Commission on Dental Accreditation of Canada with regard to specialty representation be amended to indicate that one person will be appointed by the CDA in consultation with Presidents of Dental Specialty Sections."
- 93.92 "THAT the proposed Terms of Reference for the Commission on Dental Accreditation of Canada be approved with the following changes:

- "Allied Dental Educators Section" of ACFD changed to "Allied Dental Educators Committee",
- any reference to "dental allied" changed to read "allied dental".

It should be noted that in resolution 93.92, the Commission on Dental Accreditation of Canada requested that the above changes be made to its terms of reference. As well, in the appendix associated with this recommendation, it also requested that three additional paragraphs be added which were not indicated in the wording resolution 93.92. These additions are outlined in Appendix I.

RESOLVED:

- 94.36 **THAT Article XVI - Councils, Commissions, Committees, Section 5 - Terms of Reference (a) Commission on Dental Accreditation of Canada be approved as amended.**

APPENDIX I

ADOPTED

3. **Article XVI - Councils, Commissions, Committees, Section 4 - Terms of Reference (b) Council on Education**

Resolutions of the 1993 Annual Meeting:

- 93.62 "THAT the following be added to points 4) and 5) of the Terms of Reference for the Council on Education: "...in consultation with the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee".

RESOLVED:

- 94.37 **THAT Article XVI - Councils, Commissions, Committees, Section 4 (b) - Terms of Reference (a) Council on Education be approved as amended.**

ADOPTED

APPENDIX II

4. Article IX - Executive Council, Section 4 - Term of Office

It has been brought to Council's attention that Article IX - Executive Council, Section 4 - Term of Office of the CDA By-Laws, which limits a member's term on Executive Council to three consecutive terms of two years each, requires clarification. The provision for the Vice-President, President-Elect, President or Past-President to continue on as a member of Executive Council may not be apparent (as is the case of continuing to be a member of the Board of Governors, Article VIII, Section 2(f)).

Council cited Article IX - Executive Council, Section 2 - Composition which is specific that the elective officers form part of the Executive Council. It also noted that the Nominations Committee's report to Governors presents the composition and terms for annual validation. Only the terms of the six regional representatives of Executive Council are stated in keeping with the intent of the By-Laws.

There is a concern that a situation could arise where the eligibility of a member of the Management Committee to be a member of Executive Council could be challenged.

Council recommends that a clarification be made to Article IX - Executive Council, Section 4 - Term of Office to re-enforce the intent currently stated in Article IX, Section 2.

RESOLVED:

**94.38 THAT Article IX - Executive Council, Section 4 -
Term of Office be approved as amended.**

APPENDIX III**ADOPTED****5. Article XXVII, Amendment of By-Laws - Section 1 - Housekeeping**

It was brought to Council's attention that the name of the Ministry of Consumer and Corporate Affairs Canada had recently been changed to the Ministry of Industry and Science Canada. The By-Laws included a reference to the name of "Consumer and Corporate Affairs" in Article XXVII, Amendment of By-Laws - Section 1.

RESOLVED:

**94.39 THAT Article XXVII, Amendment of By-Laws -
Section 1 be approved as amended.**

ADOPTED**APPENDIX IV**

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

6. **Request from the Canadian Association of Oral and Maxillofacial Surgeons - Approval to Amend By-Laws**

Correspondence was received from Dr. A.E. Swanson, Executive Director of the Canadian Association of Oral and Maxillofacial Surgeons (CAOMS) requesting CDA approval to amend its Constitution and By-Laws. These amendments were made at the CAOMS 1993 Annual Business Meeting in Charlottetown.

In Council's opinion, there is no conflict between these amendments and the Constitution and By-Laws of the Canadian Dental Association. Official confirmation will be forwarded following the formal filing of this report.

APPENDIX

7. Council would like to express thanks to Ms. Martyne Giroux and Mrs. Sandra Davis for their ongoing assistance.

Respectfully submitted,

Mac Balfour, D.D.S. Chairman
Council on Constitution and By-Laws

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Constitution and By-Laws.

Article XVI

COUNCILS, COMMISSIONS, COMMITTEES

Section 5 - Terms of Reference of Commissions

(a) Commission on Dental Accreditation of Canada

The Commission on Dental Accreditation of Canada shall consist of fifteen members. In electing the membership of the commission, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) One person appointed by the Canadian Dental Association's Committee on Dental Specialties
- (11) A lay person appointed by the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall be elected from among the members of the commission in the following fashion: Any two members of commission may propose and second a nomination to be received directly by the Canadian Dental Association Committee on Nominations, Awards and Trusts. The Canadian Dental Association Committee on Nominations, Awards and Trusts will employ a secret ballot of the Commission on Dental Accreditation of Canada if more than one nomination is received. If the ballot does or does not result in a tie, the President of the Canadian Dental Association shall on the recommendation of Executive Council make the nomination and ratify the appointment.

The term of office for the Chairman of the Commission on Dental Accreditation of Canada shall be two (2) years, renewable once by election. Election to commission shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Commission on Dental Accreditation of Canada.

The Commission on Dental Accreditation of Canada shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this commission shall be subject to the approval of the Commission on Dental Accreditation of Canada and Canadian Dental Association Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation. Summaries of revenues and disbursements shall be provided annually to all constituencies represented on the Commission on Dental Accreditation of Canada.

It shall be the duty of the Commission on Dental Accreditation of Canada:

- i) To function as a partnership of organizations and expertise concerned with protecting and furthering the public interest through the accreditation process as applied to educational programs for dentists, dental specialists, dental auxiliaries, dental residencies/internships and associated institutional dental services.
- ii) To ensure that the accreditation process promotes the preparation of competent dentists and dental auxiliaries by:
 - a) defining acceptable national standards as a basis for accreditation;
 - b) establishing comprehensive accreditation requirements for the specific educational programs;
 - c) reviewing each educational program against the appropriate national standard, as set out in the accreditation requirements and identifying programs in compliance with standards;
 - d) cooperating with provincial licensing authorities, the National Dental Examining Board of Canada, and others, as appropriate, with respect to current and developing certification process;
 - e) cooperating with organizations representing dental auxiliaries, Provincial Licensing Authorities and the National Dental Examining Board of Canada with respect to the development of certification requirements and processes for dental auxiliaries.
- iii) To report annually to the Board of Governors of the Canadian Dental Association and all other constituencies.

The Commission on Dental Accreditation of Canada shall have the power to appoint committees and sub-committees as it shall deem expedient.

Article XVI

COUNCILS, COMMISSIONS, COMMITTEES

Section 5 - Terms of Reference of Commissions

(a) Commission on Dental Accreditation of Canada

The Commission on Dental Accreditation of Canada shall consist of fifteen members. In electing the membership of the Commission, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) One person appointed by the **CDA in consultation with the Presidents of the Dental Specialty Sections.**
- (11) A lay person appointed by the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall be elected from among the members of the commission in the following fashion: Any two members of commission may propose and second a nomination to be received directly by the Canadian Dental Association Committee on Nominations, Awards and Trusts. The Canadian Dental Association Committee on Nominations, Awards and Trusts will employ a secret ballot of the Commission on Dental Accreditation of Canada if more than one nomination is received. If the ballot does or does not result in a tie, the President of the Canadian Dental Association shall on the recommendation of Executive Council make the nomination and ratify the appointment.

The term of office for the Chairman of the Commission on Dental Accreditation of Canada shall be two (2) years, renewable once by election. Election to commission shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall sit as an observer to the Council on Education and the Chairman of the Council on Education shall sit as an observer to the Commission on Dental Accreditation of Canada.

The Chairman of the Commission shall act as a Representative of the Commission to the National Dental Examining Board of Canada.

A representative of the American Dental Association's Commission on Dental Accreditation shall sit as an observer to the Commission.

The Commission on Dental Accreditation of Canada shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this commission shall be subject to the approval of the Commission on Dental Accreditation of Canada and Canadian Dental Association Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation. Summaries of revenues and disbursements shall be provided annually to all constituencies represented on the Commission on Dental Accreditation of Canada.

It shall be the duty of the Commission on Dental Accreditation of Canada:

- i) To function as a partnership of organizations and expertise concerned with protecting and furthering the public interest through the accreditation process as applied to educational programs for dentists, dental specialists, **allied dental personnel**, dental residencies/internships and associated institutional dental services.
- ii) To ensure that the accreditation process promotes the preparation of competent dentists and **allied dental personnel** by:
 - a) defining acceptable national standards as a basis for accreditation;
 - b) establishing comprehensive accreditation requirements for the specific educational programs;
 - c) reviewing each educational program against the appropriate national standard, as set out in the accreditation requirements and identifying programs in compliance with standards;
 - d) cooperating with provincial licensing authorities, the National Dental Examining Board of Canada, and others, as appropriate, with respect to current and developing certification process;
 - e) cooperating with organizations representing **allied dental personnel**, Provincial Licensing Authorities and the National Dental Examining Board of Canada with respect to the development of certification requirements and processes for **allied dental personnel**.
- iii) To report annually to the Board of Governors of the Canadian Dental Association and all other constituencies.

The Commission on Dental Accreditation of Canada shall have the power to appoint committees and sub-committees as it shall deem expedient.

Article XVI

COUNCILS, COMMISSIONS, COMMITTEES

Section 4 - Terms of Reference for Councils

(b) Council on Education

The Council on Education shall consist of eleven members. In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person nominated by the Canadian Dental Association.
- (2) One person who is active in Hospital and/or Institutional Dentistry nominated by the Canadian Dental Association.
- (3) Three persons from nominations by the Association of Canadian Faculties of Dentistry.
- (4) One person, being a dental hygienist and a member of the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee nominated by the Canadian Dental Hygienists' Association.
- (5) One person, being a dental assistant and a member of the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee nominated by the Canadian Dental Assistants' Association.
- (6) One person from nominations by the National Dental Examining Board of Canada.
- (7) One person from nominations of the Provincial Dental Licensing Authorities.
- (8) One person from nominations by the Royal College of Dentists of Canada.
- (9) One Consumer/Public representative who is the representative on the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall sit as an observer to the Council on Education.

A representative of the American Dental Association's Council on Education shall sit as an observer to the Council.

The annual meeting of the Council on Education shall be an open meeting to representatives of organizations and/or other interested parties to include the Canadian Forces Dental Services and Deans of Canadian Dental Schools.

The President of the Canadian Dental Association on recommendation of the Executive Council shall annually appoint a member of Executive Council who shall act as the Executive Liaison.

The Chairman of the Council on Education shall be a member of the Council and appointed annually by the President of the Canadian Dental Association on the recommendation of Executive Council.

The Chairman of Committees of the Council on Education shall be appointed annually by the President of the Canadian Dental Association on recommendation of Executive Council and in consultation with the Chairman of the Council on Education.

Election to Council shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Education.

The Council on Education may recommend to the Executive Council the appointment of consultants or advisors and make recommendations as well on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the Canadian Dental Association's Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation.

It shall be the duty of the Council on Education to:

- i) Study matters relating to dental, dental specialty and allied dental education.
- ii) Develop positions and make recommendations to the Canadian Dental Association Board of Governors on issues related to dental, dental specialty and allied dental education.
- iii) Serve through the Canadian Dental Association Board of Governors as a resource assisting corporate members, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, and/or provincial licensing bodies with respect to dental, dental specialty and allied dental education.
- iv) Study and make recommendations in the field of Continuing Education as it relates to dentistry.
- v) Foster the development of conferences and resources (such as the Annual Teaching Conference and the Dental Aptitude Test) of benefit to dental, dental specialty and dental auxiliary education.
- vi) Advise the Commission on Dental Accreditation of Canada on issues of mutual interest (including accreditation standards and requirements).

The Council on Education shall have the power to appoint committees and sub-committees as approved by the Board of Governors.

Article XVI

COUNCILS, COMMISSIONS, COMMITTEES

Section 4 - Terms of Reference for Councils

(b) Council on Education

The Council on Education shall consist of eleven members. In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person nominated by the Canadian Dental Association.
- (2) One person who is active in Hospital and/or Institutional Dentistry nominated by the Canadian Dental Association.
- (3) Three persons from nominations by the Association of Canadian Faculties of Dentistry.
- (4) One person, being a dental hygienist and a member of the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee nominated by the Canadian Dental Hygienists' Association **in consultation with the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee.**
- (5) One person, being a dental assistant and a member of the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee nominated by the Canadian Dental Assistants' Association **in consultation with the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee.**
- (6) One person from nominations by the National Dental Examining Board of Canada.
- (7) One person from nominations of the Provincial Dental Licensing Authorities.
- (8) One person from nominations by the Royal College of Dentists of Canada.
- (9) One Consumer/Public representative who is the representative on the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall sit as an observer to the Council on Education.

A representative of the American Dental Association's Council on Education shall sit as an observer to the Council.

The annual meeting of the Council on Education shall be an open meeting to representatives of organizations and/or other interested parties to include the Canadian Forces Dental Services and Deans of Canadian Dental Schools.

The President of the Canadian Dental Association on recommendation of the Executive Council shall annually appoint a member of Executive Council who shall act as the Executive Liaison.

PROPOSED cont.

- 2 -

The Chairman of the Council on Education shall be a member of the Council and appointed annually by the President of the Canadian Dental Association on the recommendation of Executive Council.

The Chairman of Committees of the Council on Education shall be appointed annually by the President of the Canadian Dental Association on recommendation of Executive Council and in consultation with the Chairman of the Council on Education.

Election to Council shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Education.

The Council on Education may recommend to the Executive Council the appointment of consultants or advisors and make recommendations as well on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the Canadian Dental Association's Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation.

It shall be the duty of the Council on Education to:

- i) Study matters relating to dental, dental specialty and allied dental education.
- ii) Develop positions and make recommendations to the Canadian Dental Association Board of Governors on issues related to dental, dental specialty and allied dental education.
- iii) Serve through the Canadian Dental Association Board of Governors as a resource assisting corporate members, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, and/or provincial licensing bodies with respect to dental, dental specialty and allied dental education.
- iv) Study and make recommendations in the field of Continuing Education as it relates to dentistry.
- v) Foster the development of conferences and resources (such as the Annual Teaching Conference and the Dental Aptitude Test) of benefit to dental, dental specialty and allied dental education.
- vi) Advise the Commission on Dental Accreditation of Canada on issues of mutual interest (including accreditation standards and requirements).

The Council on Education shall have the power to appoint committees and sub-committees as approved by the Board of Governors.

CURRENT

ARTICLE IX

EXECUTIVE COUNCIL

Section 2 - Composition

The Executive Council shall consist of the President, Immediate Past-President, President-Elect, Vice-President and six additional members. The Vice-President and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed and in which he practices the majority of his dental procedures or administration at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan - Manitoba
- (d) Province of Ontario
- (e) Province of Quebec
- (f) Provinces of New Brunswick, Nova Scotia, P.E.I., and Newfoundland.

Section 4 - Term of Office

The term of office of member of the Executive Council shall be two years. The consecutive tenure of a member of the Executive Council shall be limited to three (3) terms of two (2) years each.

APPENDIX III

PROPOSED

ARTICLE IX

EXECUTIVE COUNCIL

Section 4 - Term of Office

Unless a member assumes the office of **President, President-Elect, Vice-President or Immediate Past-President**, the term of office of the Executive Council shall be two years, and the consecutive tenure of **such** a member of the Executive Council shall be limited to three (3) terms of two (2) years each.

APPENDIX IV

CURRENT

ARTICLE XXVII

AMENDMENT OF BY-LAWS

Section 1

These By-laws may be amended or repealed by the Board of Governors in session provided that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken. A copy of such proposed amendments shall be forthwith mailed by the Executive Director to each member of the Board of Governors, to the Secretary of each Corporate member and to the Chairman of the Constitution and By-laws Council. Any such amendment or repeal shall require for adoption the affirmative vote of two-thirds of the members of the Board of Governors. No enactment, repeal or amendment of the By-laws of Association shall be enforced or acted upon until the approval of the Minister of Consumer and Corporate Affairs has been obtained.

PROPOSED

ARTICLE XXVII

AMENDMENT OF BY-LAWS

Section 1

These By-laws may be amended or repealed by the Board of Governors in session provided that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken. A copy of such proposed amendments shall be forthwith mailed by the Executive Director to each member of the Board of Governors, to the Secretary of each Corporate member and to the Chairman of the Constitution and By-laws Council. Any such amendment or repeal shall require for adoption the affirmative vote of two-thirds of the members of the Board of Governors. No enactment, repeal or amendment of the By-laws of Association shall be enforced or acted upon until the approval of the **Minister of Industry and Science Canada** has been obtained.



APPENDIX V

October 22, 1993

Dr. A.E. Swanson, Executive Director
Canadian Association of Oral
& Maxillofacial Surgeons
#304-333 Wethersfield Dr.
Vancouver, B.C.
V5X 4M9

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Dear Dr. Swanson:

I acknowledge receipt of your letter of October 8, 1993 addressed to Mr. Jardine Neilson, Executive Director, requesting approval to amend the Constitution and By-Laws of the Canadian Association of Oral and Maxillofacial Surgeons adopted at its recent Annual Business Meeting in Charlottetown.

Your request will be reviewed by the CDA Council on Constitution and By-Laws and will also be brought to the CDA Board of Governors for consideration at its 1994 Interim Meeting, which will take place in Ottawa on April 9, 1994.

I will communicate with you further following the Board Meeting.

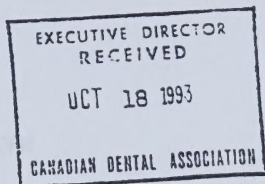
Sincerely yours,

Sandra Davis
Manager - Executive Services



canadian association of
oral and maxillofacial surgeons

association canadienne des spécialistes
en chirurgie buccale et maxillo-faciale



OFFICERS - 1993/94

- **President**
Dr. P.L. Cyr
5943 Spring Garden Road
Halifax, Nova Scotia
B3H 1Y4
(902) 422-9354
- **President-Elect**
Dr. Victor Moncarz
143 Sheppard Avenue East
Willowdale, Ontario
M2N 5A6
(416) 225-7292
- **Immed. Past President**
Dr. T.R. Stevenson
#550 - 11044 82 Avenue
Edmonton, Alberta
T6G 0T2
(403) 455-2478
- **Secretary**
Dr. S.P. Kucey
239 Argyle Avenue
Ottawa, Ontario
K2P 1B3
(615) 252-4205
- **Treasurer**
Dr. A.J. Camarda
3850 Avenue Lacombe
Montreal, Quebec
H3T 1M5
(514) 345-3645
- **Executive Director**
Dr. A.E. Swanson
#304 - 333 Wethersfield Dr.
Vancouver, B.C.
V5X 4M9
(604) 322-3025 Tel/Fax

October 8, 1993

Mr. A. Jardine Neilson
Executive Director
Canadian Dental Association
1858 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Mr. Neilson:

Re: Constitutional Changes - C.A.O.M.S.

At our recent annual Business Meeting, convened in
Charlottetown, P.E.I., certain amendments were made to
our Constitution & By-Laws.

As you know, amendments to this document are covered by
Section I, page 13, which states, in part,

"Amendments to the By-Laws shall have the approval
of the Board of Governors of the Canadian Dental
Association before becoming effective."

The purpose of this missive is to respectfully request
that you submit the enclosed amendments, which were
duly passed on August 14, 1993, to the Board of
Governors for their consideration.

I look forward to hearing from you in due course.

Sincerely,

A. E. Swanson, D.D.S.
/c Dr. P. Cyr

PROPOSED AMENDMENTS TO THE CONSTITUTION & BY-LAWS

OF

THE CANADIAN ASSOCIATION OF ORAL & MAXILLOFACIAL
SURGEONS

Charlottetown, Prince Edward Island

August 11 - 15, 1993

A - THE CONSTITUTION

1. Article III - Business Office

Current reading:

The Executive office of this Association may be established in any city in Canada by a majority vote of the Executive Council.

Proposed amendment: (Please note that the old Article III and Article IV are being combined into the new Article III).

1. Organization

This Association is a not-for-profit organization chartered under the laws of the Government of Canada. Should this Association be dissolved at any future time, no part of its funds or property shall be distributed to, or among, its members. Instead, after payment of all indebtedness, its surplus funds and properties shall be used for education and research purposes in such a manner as the then-governing body of the Association may determine.

2. Business Office

The executive office of this Association may be established in any city in Canada by a majority vote of the Executive Council.

3. Membership

The membership of this Association shall consist of six (6) classifications to be known as Active, Honourary, Life, Affiliate, Sustaining and Resident-in-Training. Basic

qualifications for each classification shall be as prescribed in the By-Laws under Section A - Classification and Election of Members.

4. Rights & Privileges

Only Active and Life Members in good standing shall be entitled to vote or hold office in this Association.

(Flowing from the combining of Articles III and IV will be the necessity to renumber the succeeding Articles downward. Therefore, the old Article V - Officers & Management, becomes Article IV; the old Article VI - Committees, becomes Article V; the old Article VII - International Association of Oral Surgeons, becomes Article VI - The International Association of Oral & Maxillofacial Surgeons; the old Article VIII - Time and Place of Meetings, becomes Article VII; and the old Article IX - Amendments to the Constitution, becomes Article VIII.)

THE BY-LAWS

Section A - Classification & Election of Members

Subsection 3 - Life Member

It is proposed that the following sentence be added to the existing paragraph.

"It shall be the duty of the Membership Committee Chairman to submit, at each Annual Meeting, along with his/her annual report, a list of the active members who have qualified for eligibility for Life Membership status within the previous year."

Subsection 4 - Affiliate Member

Current Reading: Candidates for Affiliate Membership in the Canadian Association of Oral & Maxillofacial Surgeons shall either:

(a) live outside of Canada and hold membership in their own national organization of Oral & Maxillofacial Surgeons, or equivalent, or

(b) have met all of the requirements for membership in the Canadian Association of Oral & Maxillofacial Surgeons but have not yet been formally inducted into the Canadian Association of Oral & Maxillofacial Surgeons.

Affiliate members shall pay dues as determined by the

Executive Council of the Canadian Association of Oral & Maxillofacial Surgeons, but shall not vote.

Proposed Amendment:

Subsection 4 - Affiliate Member

Two categories shall be available:

(a) A resident of a foreign country who holds an Active membership in the applicant's national organization for oral and maxillofacial surgeons, or equivalent, can become an Affiliate Member of this Association on submission of a valid membership certificate in his/her foreign national organization, together with payment of 50% of the then current annual dues, as determined by the Executive Council for Active Members.

(b) A resident of Canada who has met the requirements of the by-laws as in Section A, subsection 1, Active Member, but has not yet completed the induction process as per Section A, subsection 6, will qualify as an Affiliate member upon payment of annual dues and these shall be the same as determined for an Active Member.

Affiliate Members shall not be entitled to a vote.

Subsection 5 - (The current subsection 5 details the procedure whereby membership applications are processed by the Secretary and the Chairman of the Membership Committee. This subsection will be displaced and become subsection 7 if the following new subsection is accepted as an addition to the membership category).

Proposed Amendment:

Subsection 5 - Resident-in-Training

To encourage early interest in our organization by OMFS trainees, a category of Resident-in-Training is available. Eligibility shall apply to any individual who is enrolled full-time in an accredited program for the training of oral and maxillofacial surgeons as defined in Section A, Subsection 1, Active Member, of the By-Laws.

Such status of membership shall also be available to any individual who has successfully completed training in an accredited OMFS training program and who is currently enrolled as a full-time Fellow, for a period of at least one calendar year, in a formal Fellowship program in oral and maxillofacial surgery.

This same category status of membership shall also be available to an individual who meets the eligibility requirements of Active Membership but has registered as a full-time student in a non-oral surgery-related, university-based, educational pursuit.

Suitable applicants for this category of membership shall be solicited annually by the Membership Chairman by notifying the Directors of Canada's OMFS training programs as to this category availability.

Interested applicants must submit two letters of reference from persons actively involved with his/her affiliated training program in support of such application. Successful applicants shall not be required to submit to either an interview or examination, nor shall they be required to pay any application fee or annual dues while registered in this category of membership. Notwithstanding the foregoing, the Resident-in-Training member must pay the regular annual dues pertaining to Active Members once he/she moves to Active Member status.

Resident-in-Training members shall enjoy certain privileges. These privileges shall include free admission, upon appropriate registration, to all scientific sessions and exhibits during meetings convened by the Association and shall be entitled to receive all the regular mail-outs originating from the Executive.

Residents-in-Training shall not be entitled to a vote.

It is proposed that still another new category of membership be created, namely, Sustaining Member, and should it be accepted it would become Subsection 6.

Proposed Amendment:

Subsection 6 - Sustaining Member

To be eligible for this category of membership the applicant shall be either, (1) a former Active Member, (2) a former Affiliate member, 3) or a former practising oral and maxillofacial surgeon who shall have retired completely from the practice of this specialty, and who no longer possesses a valid and current license to practice the specialty of oral and maxillofacial surgery anywhere in the world, and who does not qualify for Life Membership in the Association.

Any applications for membership in this category shall be forwarded by the Secretary to the Membership Chairman for appropriate processing. Except for former Active and Affiliate members of the CAOMS, all applicants may be required to submit to an interview and/or examination, upon the recommendation of the Membership

Chairman and subsequent approval by the Executive Council.

Sustaining Members shall enjoy all the privileges and benefits of membership in the Association, except to vote or hold office.

Annual dues of the Sustaining member shall be twenty-five per cent of the then current dues for Active Members.

Assuming that the above amendments are accepted, old Subsection 5 will become Subsection 7, old Subsection 6 will become Subsection 8, and old Subsection 7 will become Subsection 9.

COUNCIL ON EDUCATION

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

- Members:** Dr. Gordon Thompson, Chairman, Edmonton
Dr. Robert Baker, Winnipeg
Dr. Donald Bonang, Halifax
Dr. David Donaldson, Vancouver
Dr. Joel Epstein, Vancouver
Dr. Helen Lyttle, Winnipeg
Dr. James Main, Toronto
Ms. Susanne Sunell, Vancouver
Ms. Maureen Symmes, Edmonton
Dr. Richard Taché, Montréal
Ms. Donna Wells, Toronto
- Executive Liaison:** Dr. Bernie E. White, Saskatoon
- Staff:** Mr. Brian Henderson, Director, Professional Services/Education and Accreditation
Ms. Susan Matheson, Associate Director, Education and Accreditation
Ms. Gay MacQuarrie, Coordinator, Education and Accreditation

1. Council Meeting

The Council on Education has not met since the 1993 Annual Meeting of the Board of Governors. This report is submitted as follow-up to the circulation of the document "Procedures for Consideration of a New or Revised Specialty Definition and Admission to Section Status in the Canadian Dental Association".

ITEM REQUIRING BOARD ACTION

2. Consideration of a New or Revised Specialty Definition

In the past, there has not been a comprehensive, formal procedure for consideration of a new Specialty definition. The Council on Education recognized a need, however, for such a procedure for recognition of a new Specialty as the Canadian Dental Association receives requests for recognition every few years. The Council normally reviews such requests and makes a recommendation to the Board of Governors with respect to admission to Section Status in the Canadian Dental Association.

The procedure for consideration of a new or revised Specialty definition, set out in the appended document, has been modelled after the American Dental Association process and tailored to fit the Canadian context for Dentistry and the role of the Canadian Dental Association in that context.

A draft of the document has been circulated to Provincial Dental Organizations, Specialty Sections, CDA Affiliated Societies, and the Royal College of Dentists of Canada for comment. Responses have been positive and some suggestions have been incorporated into the document.

RESOLVED:

APPENDIX I

94.40 THAT the document entitled "Procedure for Consideration of a New or Revised Specialty Definition and Admission to Section Status of the Canadian Dental Association" be approved.

ADOPTED

Respectfully submitted,

Gordon Thompson, Chairman
Council on Education

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Education.

**PROCEDURE FOR CONSIDERATION OF A
NEW OR REVISED SPECIALTY DEFINITION**

and

**ADMISSION TO SECTION STATUS IN THE
CANADIAN DENTAL ASSOCIATION**

Council on Education
Canadian Dental Association
1815 Alta Vista
Ottawa, Canada K1G 3Y6
Tel: (613) 523-1770
Fax: (613) 523-7489

Approved by the
CDA Board of Governors:
April, 1994

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Adapted from the

Application for Recognition of a Dental Specialty
(January 1985)

Application for Recognition of (specialty or proposed specialty)
(December 1989)

and the

Procedures for Consideration of a New or Revised Specialty Definition
(May 1992)

of the American Dental Association

PREAMBLE

The Council on Education has responsibility for recommending to the Canadian Dental Association's (CDA) Board of Governors, a definition of a dental specialty. Sections of the Association shall be the national organizations of the specialties recognized by the Association and which have applied for and have been admitted to Section status by the Board of Governors. Currently, recognized dental specialties of the CDA include public health dentistry, endodontics, oral pathology, oral radiology, oral and maxillofacial surgery, orthodontics, paedodontics, periodontology and prosthodontics.¹

In developing and revising a specialty definition, the appropriate communities of interest will be involved. During the initial stage of the process, the parent specialty organization drafts proposed language for transmittal to the Council on Education and requests that it be considered by Council at its next meeting. In its consideration of such a request, Council may (after circulation to the communities of interest) i. approve the proposed definition and recommend approval by the CDA Board of Governors or ii. refer the proposed definition back to the parent specialty organization citing areas of concern that led the Council to conclude that it should not be recommended as proposed.

The communities of interest may include, but are not limited to, the following: the sponsoring organizations and the boards of the recognized dental specialties, the CDA Board of Governors, the Association of Canadian Faculties of Dentistry, the Royal College of Dentists of Canada, the National Dental Examining Board of Canada, program directors, dental school deans, and administrators of non-dental school institutions offering programs in the respective specialty.

The steps taken by the Council on Education in the consideration of developing or revising a specialty definition are described in the following section. The Council may repeat any of the steps, as needed.

¹ Canadian Dental Association (September, 1993). *Constitution and By-Laws*, Ottawa, pages 41-42.

PROCESS FOR CONSIDERATION OF A SPECIALTY

STEP 1 Parent specialty organization transmits definition to the Council on Education (see "Instructions for Completing Submission", page 2).

STEP 2 Consideration of definition by the Council on Education.

Possible Actions

Council directs definition be circulated to communities of interest for review and comment.

OR Council refers definition back to parent specialty organization.

STEP 3 Circulation to the communities of interest.

STEP 4 Review of submission by sub-committee of Council on Education for recommendation to the Council.

STEP 5 Comments from communities of interest reviewed by the Council on Education.

Possible Actions

Council approves definition as circulated, and recommends recognition of specialty to CDA Board of Governors.

OR Council refers definition back to parent specialty organization for further revision based on review of community comments.

STEPS 3, 4 AND 5 ARE REPEATED, AS NECESSARY

STEP 6 Council will transmit the by-laws submitted by the applicant to the CDA's Council on Constitution and By-Laws four months prior to the meeting at which the CDA Board of Governors is asked to consider approval.

STEP 7 Council notifies communities of interest of approval (or rejection) of revised definition and recognition of specialty by CDA Board of Governors.

STEP 8 The transactions of the Canadian Dental Association record the policy decision of the CDA Board of Governors.

STEP 9 By-laws of the Canadian Dental Association altered to recognize Section status of new or revised specialty definition

INSTRUCTIONS FOR COMPLETING SUBMISSION

General

The application for recognition is structured to collect specific qualitative and quantitative information that will assist the Council on Education in determining the extent to which sponsoring organizations and specialties or proposed specialties meet the established criteria for recognition. A submission is divided into two parts:

Part A - Sponsoring Organization - information on the organization submitting the application, its membership and activities.

Part B - Criteria for Recognition - information about the specialty or proposed specialty which is related to each of the five criteria for recognition. In each section of the application, sponsoring organizations are provided with the opportunity to provide additional information that demonstrates compliance with the pertinent criterion.

Format

The completed application should be in a format that parallels the submission requirements (page 5). An outline is provided on page 12. Parts A and B should be clearly labelled and the headings and numerical designations of each question indicated. A narrative response to each question should be provided. Sponsoring organizations are encouraged to provide documentation to support their narrative responses. Where such documentation is provided, it should be referenced at the end of the narrative statement, clearly labelled and appended to the application. A sample format is provided to assist you (page 12).

Responses

Sponsoring organizations are expected to respond to all specific requests for information. Responses to sections labelled "Other Information" of the Submission Requirement are at the option of the sponsoring organization. It is recommended that individuals responsible for completing the application review the entire document carefully before completing any part of it in order to avoid undue repetition.

Some sections of the application request specific quantitative information. The source of any data provided should be referenced. Estimates may be provided in these sections if definitive statistics are not available. However, estimates should be clearly identified and the method for arriving at the estimates should be explained.

Submission of the Completed Application

The sponsoring organization should submit two (2) copies of the completed application to the:

Council on Education
Canadian Dental Association
1815, Alta Vista
Ottawa, Canada K1G 3Y6

Telephone: (613) 523-1770

FAX: 613.523.7489

The deadline for submission is April 1.

SUBMISSION REQUIREMENTS

Part A - Sponsoring Organization

1. Reference

In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization whose membership is reflective of the special area of dental practice and recognized by the profession at large for its contribution to the art and science of the discipline.

a. Founding Date and Historical Development

Indicate the year in which the sponsoring organization was founded and summarize its historical development since that date.

b. Officers

Identify the current officers of the sponsoring organization.

c. Membership

- i. Indicate the total number of members in the sponsoring organization for each of the past ten years or for the period of time the organization has existed, if less than ten years.
- ii. Identify the categories of membership recognized by the sponsoring organization and list the requirements for membership in each category.
- iii. Identify the number of members currently in each category of membership.
- iv. Append a copy of the sponsoring organization's current by-laws and membership roster.

d. Other National Dental Organizations (for proposed specialties only)

Identify other national dental organizations whose primary objective is advancement of this area of dental practice.

e. Activities

- i. List the national meetings, research symposia and continuing education programs offered by the sponsoring organization over the past ten years or for the period of time the organization has existed, if less than ten years.
- ii. List journals published or sponsored by the organization over the past ten years.
- iii. Indicate whether the organization has sponsored any specific research over the past ten years, either directly or through an affiliated foundation. Identify the research projects sponsored.

f. Scientific Advances

Identify scientific advances (procedures, techniques, materials) developed in this area of practice by members of the sponsoring organization during the past ten years.

g. Other Information

Provide any other information which demonstrates that the sponsoring organization meets the definition specified in the Requirement (page 1).

Part B - Criteria for Recognition

1. Reference

A specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by general practitioners.

a. **Definition**

Provide the accepted definition of the specialty or proposed specialty.

b. **Advanced Knowledge**

Identify areas of behavioral and/or biomedical science in which advanced knowledge (beyond that included in the predoctoral curriculum) is required for practice of the specialty or proposed specialty.

c. **Advanced Skills**

Identify the advanced skills (techniques and procedures) required for practice of the specialty or proposed specialty which are not commonly possessed by general practitioners.

d. **Other Information**

Provide any other information which demonstrates compliance with this criterion.

2. Reference

The scope of the specialty shall not be coincident with or readily subsumed within the scope of other recognized specialties.

a. **Advanced Knowledge**

Identify areas of biomedical/and or behavioral science in which advanced knowledge is required for practice of the specialty or proposed specialty and which is not included in the scope of other recognized specialties.

b. **Advanced Skills**

Identify the advanced skills (techniques and procedures) required for practice of the specialty or proposed specialty which are not included within the scope of other recognized specialties.

c. **Overlap in Scope**

Identify and comment upon any areas of perceived and/or actual overlap between the scope of this specialty or proposed specialty and one or more of the recognized specialties.

d. **Incorporation Within a Recognized Specialty** (for proposed specialties only)

- i. Has your organization ever petitioned for this area of practice to be incorporated into a recognized specialty? If so, identify the specialty and the results of this action.
- ii. Has your organization ever been invited by a recognized specialty to incorporate this area of practice into its scope? If so, identify the specialty and the results of this action.

e. **Other Information**

Provide any other information which demonstrates compliance with this criterion.

3. **Reference**

In order to be recognized as a specialty, substantial public need and demand for services which cannot be adequately met by general practitioners or specialists in other areas must be documented.

a. **Need**

- i. Cite epidemiological studies (national, regional, and/or provincial) which indicate the incidence and/or prevalence of conditions diagnosed and/or treated by practitioners in the specialty or proposed specialty.
- ii. Cite data that indicate the severity of conditions diagnosed and/or treated by practitioners in the specialty or proposed specialty, e.g., morbidity or mortality statistics, descriptive information.

-
- iii. Project the need for practitioners in the specialty or proposed specialty over the next ten years, taking into account disease trends, demographic changes and other pertinent factors.

b. Demand

- i. Indicate the number of dentists currently in practice who have received two or more years of advanced education in the specialty or proposed specialty. (This should not include continuing education.)
- ii. Indicate the number of dentists currently devoting full-time to the practice of the specialty or proposed specialty.
- iii. Indicate the number of advanced education programs of two years or more in length in the specialty or proposed specialty for each of the past five years. Indicate the first year enrollment and number of graduates of these programs for each of the past five years.
- iv. Describe referral patterns, including identification of who normally refers patients to practitioners in the specialty or proposed specialty and the frequency of referrals.
- v. Cite data which indicate the type and volume of services provided by practitioners in the specialty or proposed specialty.
- vi. Project demand for practitioners in the specialty or proposed specialty over the next ten years, taking into account disease trends, demographic changes, socio-economic projections and other pertinent factors.

c. Other Information

- i. Cite editorials, journal articles and/or organizational policy statements supporting the need and/or demand for practitioners in the specialty or proposed specialty. No more than five of the documents cited should be appended.
- ii. Provide any other information which demonstrates compliance with this criterion.

4. **Reference**

A specialty must incorporate some aspect of clinical practice, i.e., individuals in the specialty must provide health services for the public.

a. **Principal Health Services**

Identify the principal health services provided to the public by individuals in this area of practice.

b. **Practice Setting**

Identify the setting in which these services are customarily provided, e.g., private office, hospital, laboratory, institutional setting, etc.

c. **Other Information**

Provide any other information that demonstrates compliance with this criterion.

5. **Reference**

Formal advanced education programs of at least two years beyond the predoctoral curriculum must exist to provide the special knowledge and skills required for practice of the specialty.

a. **Operational Advanced Education Programs**

List all the currently operational advanced education programs in the specialty or proposed specialty, indicating

- i. the name of the sponsoring institution
- ii. the name and educational background of the program director
- iii. the mandatory length of the program for full-time students
- iv. the nature of the certificate or degree awarded/

All information provided should pertain to the most recent academic year for which statistics are available and this time frame should be identified. Do not include continuing education courses in this listing.

b. **Minimum Curricular Requirements**

Provide a description of the minimum biomedical, behavioral and clinical science requirements for advanced education programs in the specialty or proposed specialty.

c. **Sample Curricula** (for proposed specialties only)

Provide a representative sample of curricula currently used in several existing programs. The examples provided should reflect the various methods of structuring advanced education in the specialty or proposed specialty.

d. **Other Information**

Provide any other information which demonstrates compliance with this criterion.

SAMPLE SUBMISSION FORMAT

The format for submission of an application for consideration of a specialty by the Council on Education is provided below:

Front page

APPLICATION FOR RECOGNITION OF

(specialty or proposed specialty)

Application submitted by:

[organization]

[address]

[contact person's name]

[contact person's telephone number]

[date of submission]

Second and subsequent pages

Reference

In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization whose membership is reflective of the special area of dental practice and recognized by the profession as large for its contribution to the art and science of the discipline.

1. Founding Date and Historical Development

[Response:

Supporting documentation: (if cited)]

2. Officers

[Response:

Supporting documentation: (if cited)]

3. Membership

[a. Response:

Supporting documentation: (if cited)]

[b. Response:

Supporting documentation: (if cited)]

Note: Material provided in the application for specialty recognition contains statements which represent conclusions of the sponsoring organization. Recognition of this specialty by the Canadian Dental Association is based on compliance with established criteria and does not imply concurrence with all statements presented in the sponsoring organization's application.

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. G. Frank Copithorne, British Columbia
Dr. John M. Dillon, Manitoba
Dr. William A. Glave, Ontario
Dr. Toby Gushue, CDA
Dr. William Leggett, Ontario
Dr. Ron J. Markey, CDA
Dr. Roy L. Rasmussen, Alberta
Dr. George S. Zwicker, Nova Scotia

Management Committee: Dr. Rod L. Moran, President
Dr. James N. Wright, Secretary
Dr. Gilles Dubé, Treasurer

Observers: Dr. D. William Allen, Prince Edward Island
Dr. Brian Knoblauch, Saskatchewan
Dr. Eckert Schroeter, New Brunswick
Dr. Robert Sexton, Newfoundland

Executive Vice-President Mr. Kingsley D. Butler, C.A.

1. Council Meetings

The Board of Directors of CDSPI met as the Council on Insurance and Investment of the CDA on September 13th, 1993 in Ottawa at the time of the Annual Meeting of the CDA Board of Governors and on December 10-11, 1993 in Toronto. The Council is scheduled to meet next on April 15-16, 1994 in Toronto.

ITEMS REQUIRING BOARD ACTION

As these items have an effective date of January 1, 1994, they were approved by CDA Management and Executive Council prior to the writing of this report.

2. 1994 Prudential Renewal

CDSPI Board of Directors reviewed a report from the Management Committee on the renewal of the benefit plans of CDIP with Prudential Group Assurance Company of England (Canada) for 1994.

Executive Council approved this recommendation on behalf of the Board, and it is presented for Board ratification.

RESOLVED:

- 94.41 THAT the CDIP benefit plans be renewed with the Prudential Group Assurance Company of England (Canada) for 1994.**

ADOPTED

The 1993 premium rates paid by dentists to Prudential for Life coverage included the basic premium needed by Prudential for regular experience plus an 11% surcharge to cover the special Waiver of Premium group which developed when the plans were moved from Imperial Life to Metropolitan. Because of the successful negotiations of the Imperial Life matters, this surcharge is no longer needed. Therefore, the Council in reviewing this presentation, felt that there could be an 8% reduction in the premiums for Basic Life, with the remaining 3% of the surcharge being set aside in a special CDA account.

Executive Council approved this recommendation on behalf of the Board, and it is presented for Board ratification.

RESOLVED:

- 94.42 THAT the 1994 CDIP Life premiums be reduced by 8%; and that a separate special account equal to 3% of premium be established.**

ADOPTED

The above action would mean that the Basic Life plan premiums are not to be reduced, but rather, the surcharge is being removed with a portion being given back through an overall reduction and a portion being retained in a special account until such time as uses of surplus is clarified by the courts.

Similarly, on the Long Term Disability plan, participants were paying the regular premium plus a 4% surcharge pertaining to the late claimants grouping which had developed when the plans moved from Imperial Life to Metropolitan. Because of the successful negotiations on the Imperial Life matters, this surcharge was no longer necessary as the loan created to fund this grouping has been completely repaid. The Council has been concerned however that the CDIP LTD premiums be realigned to be more competitive at certain age bands with no rate increase being used to accomplish to realignment.

Executive Council approved this recommendation on behalf of the Board, and it is presented for Board ratification.

RESOLVED:

- 94.43 THAT the 1994 CDIP Long Term Disability premiums be realigned to be more competitive at certain age bands, with no rates being increased to accomplish this realignment; any part of the 4% surcharge remaining after this realignment will be established in a separate special account.**

ADOPTED

The Council noted in their report that the Office Overhead Expense premiums and premiums for the Dependent Life and Dentist Staff Plans of CDIP were being renewed by Prudential with no increase to premiums required.

Executive Council approved these recommendations on behalf of the Board, and they were presented for Board ratification.

RESOLVED:

- 94.44 THAT the 1994 Office Overhead Expense plan of CDIP be renewed at the 1993 premium rates.**

ADOPTED

RESOLVED:

- 94.45 THAT the 1994 Dependent Life and Dentist Staff Plans of CDIP be renewed at the 1993 premium rates.**

ADOPTED

As part of the renewal, Prudential has proposed that they be permitted to issue Life coverage under CDIP with an exclusion for Waiver of Premium. This would allow coverage previously denied under the Life and LTD plan, for medical reasons to be offered for the Life plan with this exclusion for Waiver of Premium if the medical conditions, discovered during the underwriting process were not life threatening. This would provide financial stability to the plan as well as permit individuals otherwise refused coverage to be able to receive Life coverage.

Executive Council approved this recommendation on behalf of the Board, and it is presented for Board ratification.

RESOLVED:

- 94.46 THAT effective January 1, 1994, CDIP Life coverage can be underwritten on the basis of Waiver of Premium being an exclusion.**

ADOPTED

The Council on Insurance and Investment has been conducting a review of CDIP benefit plans and compared them to the street. In addition, this review looked at ways that the plans could be more financially stable while remaining competitive. One of the areas reviewed was that of smoker/non-smoker rates for LTD and Office Overhead. It was noted in the review that individual coverage on the street is issued with different rates. With 90% of the CDIP participants non-smokers, and the health industry relation of the plans, it was felt that these rate differences should be established for CDIP LTD and Office Overhead coverage.

Executive Council approved this recommendation on behalf of the Board, and it is presented for Board ratification.

RESOLVED:

- 94.47 THAT smoker/non-smoker rates be implemented for CDIP LTD and Office Overhead coverage effective January 1, 1994.**

ADOPTED

3. CDIP Accidental Death & Dismemberment Coverage

CDSPI has reviewed the AD&D plan currently underwritten by Seaboard Life. As a result of that review, it was found that the current premiums being charged for this plan were not competitive and our consultant found another carrier - American Home, who is one of the largest AD&D carriers in North America. Not only have they been able to provide a quotation with an average premium reduction of 69%, but they have guaranteed the premium for two years and have also improved the coverage over that presently provided. They have also agreed to increase the maximums which means that for less money, Dentists in Canada can obtain more extensive AD&D coverage.

The CDSPI Board agreed that because of the small overall dollar premium for the plan and the substantial premium reduction by American Home administration and marketing costs could not be covered by the usual 15% load. It was therefore decided that since we do not know the affect of this reduction in relation to possible increased participation, only 39% of the reduction will be passed on in premium setting. CDSPI will still maintain a 15% administration fee while the remaining 24% will be set aside in a special account controlled

by CDA, to cover either losses on administration, if participation does not increase to bring dollars back to the current dollar level, or be used to maintain stable rates at time of renewal in 1996 based on plan experience.

Executive Council approved these recommendations on behalf of the Board, and they were presented for Board ratification.

RESOLVED:

- 94.48** **THAT effective January 1, 1994, American Home be the insurance carrier for CDIP AD&D coverage.**

ADOPTED

RESOLVED:

- 94.49** **THAT the 1994 CDIP AD&D premiums be \$2.30 gross for single comprehensive coverage and \$3.45 gross for family comprehensive coverage per units of \$10,000.**

ADOPTED

As the AD&D contract is an annual renewable contract, there is no need for participants to sign any releases in the change of carriers nor is there any problem with the timing of notice of cancellation with Seaboard.

4. High Amount Pooling

A study was completed in 1993 indicating that to put the CDIP Life and LTD plans on an even stronger financial footing, the plans should limit themselves to lesser maximums of coverage. This means that the participant has the same plan maximums but at time of claim only a portion of the payout is charged to the CDIP experience. The balance is underwritten directly by Prudential.

Executive Council approved this recommendation on behalf of the Board, and it is presented for Board ratification.

RESOLVED:

- 94.50** **THAT the CDIP Life Plan should be limited to a maximum charge per death claim of \$499,000.**

ADOPTED

Executive Council approved these recommendations on behalf of the Board, and they were presented for Board ratification.

RESOLVED:

- 94.51 THAT the CDIP LTD Plan should be limited to a maximum charge per monthly claim of \$4,000.**

ADOPTED

RESOLVED:

- 94.52 THAT retention charges and premiums paid will be apportioned on a formula basis to be developed based on a similar apportionment to the amount of risk being charged to the plan.**

ADOPTED

RESOLVED:

- 94.53 THAT this pooling arrangement will take place on all claims after December 31, 1993.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

5. CDA RSP

CDSPI has been continually monitoring the performance of the CDA RSP. In 1993 to the date of this report CDSPI has met three times with the fund managers. Although performance in some of the funds has been average, others have not reached the level of performance expected by CDSPI in accordance with the criteria for the rate of return of these funds when compared to the marketplace. The Board of Directors approved in October that CDSPI Management Committee were to meet with representatives from Imperial Life (the annuitant holder) to discuss this poor performance, and look at possible alternate fund managers. A manager search is taking place at the time of the report and a recommendation from the Council on Insurance and Investment should be available under a separate report for the February 1994 Executive Council meeting.

6. **Corporate Restructuring**

On Sunday, September 12th, 1993, a Corporate Restructuring Workshop was held. Those in attendance were the Board of Directors of CDSPI, Observers to the Board and other specially invited guests from the dental community. A facilitator was present to work with the group in discussing corporate restructuring and reaching consensus. A summary of the workshop report was presented to the Management Committee for further discussion and distributed to workshop members. The Management Committee of CDSPI then prepared a final draft report which was discussed at the CDSPI December Board meeting. An adjusted version will be distributed to the Board/Observer members, CDA and Corporate Members by January 7, 1994 at which time these groups can commence review and discussion of the proposed new structure with Corporate Members. Written feedback will be requested for the middle of March so that all input can be reviewed and discussed further at the CDSPI April 1994 Board meeting.

7. **Changes in the Board of Directors**

Since our last report, there has been a change of representation on the CDSPI Board. Dr. Jim Brookfield has been replaced on the Board by Dr. Toby Gushue as CDA Executive Council Liaison to the CDSPI Board.

8. **Joint Meeting of CDA/CDSPI Management Committees**

A meeting of the CDA and CDSPI Management Committees' took place on November 24th, 1993. A number of agenda items were discussed. As always, CDSPI finds these meetings valuable in keeping the communication at a high level between both organizations. A further meeting will be scheduled for the spring of 1994.

9. **Legal Expense Insurance**

We understand that this item will be brought back to the April 1994 Board of Governors' meeting for discussion. Your Council will be available for this discussion. In the meantime the ODA have been granted co-sponsor status for this plan under their Participation Agreement. CDSPI will be promoting this plan in February 1994 for dentists in the Province of Ontario.

10. **CDA RSP and CDA RIF Eligibility**

The topic of eligibility for the CDA RIF and CDA RSP has been discussed further with CDA and a report has been provided to CDA Management. We understand that this topic will be discussed by Executive Council in February and the Board of Governors in April. We strongly urge CDA to carefully consider all aspects of membership and business while addressing this matter. Our report to CDA Management has highlighted these important points.

Respectively submitted,

Roderick L. Moran, D.D.S., F.R.C.D.(C)
Chairman
Council on Insurance and Investment - CDA
President, CDSPI

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Insurance and Investment.

FDI NATIONAL TREASURER

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. FDI WORLD CONGRESS GOTEBOG 1993
August 29-September 2, 1993
Goteborg, Sweden

WC '93 was a success in any terms. Attendance, participation, atmosphere, venue, and program quality all contributed. Statistics provided by the Local Organizing Committee at the close of the Congress showed a total of 4552 dentists registered for the Congress, of whom 2482 were Swedish nationals and 2070 were international. Auxiliaries totalled 3020, students 51 and 'others' 1885 for an official grand total of 9508. It was estimated that approximately 18,000 people attended the various programs, including visitors to Swedental, the dental exposition. The Goteborg Organizing Committee was a superb gathering of individuals, which came through the experience with its professional and cheerful demeanour intact. We should all wish the Vancouver team the same result!

1993 was the 100th Anniversary of the Goteborg Dental Society. For this reason, and at the request of the Swedish Dental Association, the CDA had agreed to cede its rights to the 1993 time slot to Goteborg, in exchange for 1994. The Canadian delegation therefore felt a particular bond with the Swedes during the buildup to, and over the period of the Congress' life.

Two extremely significant awards were made during this Congress. Professor Roy Duckworth of the UK was elected a new 'Member of the FDI List of Honour', the highest award of the FDI for service to the profession. Professor Per Branemark of Sweden was awarded the Georges Villain medal for his outstanding contributions to the development of dental implants. This award was particularly poignant coming as it did in Goteborg, the home of Nobelpharma and Professor Branemark. It seemed that the Scandinavium Hall was "filled to the gunn'als" with 'Goteborgers'.

As mentioned in the appendices to this report, among those elected, was its author, who with the support and recommendation of the American and Bahamian Dental Associations, was named to the FDI Council representing North America, for a term of three years. He was also elected by members of Council to its Finance Committee.

CDA Delegates to WC'93 Goteborg were:

Dr Raymond Wenn, President
Mr Jardine Neilson, Executive Director

Alternate delegate responsibilities were assumed by Dr. Michel Jahjah, Chairman, Local Organizing Committee, WC'94, and BGEN Victor Lanctis, Director-General, Canadian Forces Dental Services.

Dr Ralph Crawford, ED, CDAJ, represented Canada as Acting Chief Dental Officer, and attended all meetings associated with that role.

2. FDI WC '94 Vancouver

Promotional activities relating to WC'94 continued during the Goteborg meeting. All delegates, members of the LOC, and spouses took part in organizing and participating in these activities. The WC'94 booth was again a hub of activity, with people actually signing up in unexpected numbers, thirteen months away from the event. The fact that the Preliminary Program, complete with synopses for all Scientific Sessions was available along with registration forms was an impressive achievement, and contributed immensely to the success of the booth. The team worked long and hard; the Association is indebted to them for their willingness to serve.

The presentations made by Dr Jahjah to the National Treasurers and the General Assembly were well-received. The Chairman of the Scientific Committee, Dr.D.Djukanovic, was laudatory in his remarks regarding the achievements in the program area: - first time a scientific program produced 12 months prior to a WC, with synopses - first time a program produced 12 months prior with translation requirements in place, - translation costs contained at last! - Scientific Program Committee pleased with the Theme and its supporting elements, -"something for everyone".

3. Reports

Attached to this report are two documents which summarize the principal activities of this Congress:

APPENDIX I

APPENDIX I is a Circular Letter prepared by Dr Per Ake Zillen, Executive Director of

the FDI, which highlights the key events and decisions of WC'93.

APPENDIX II

APPENDIX II is a report on the National Treasurers' Forum, which describes the decisions taken affecting the 'lifeblood' of the FDI - its finances.

I am of course available to expand on any of the items in this report to the best of my ability, to any of the members of the Board who request same.

Respectfully submitted,

Jardine Neilson,
FDI National Treasurer - Canada

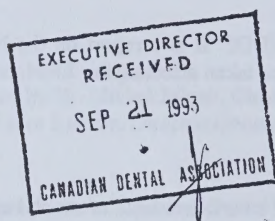
FILING OF REPORT

The Board of Governors receives with appreciation the report of the FDI National Treasurer - Canada, as information.



13 September 1993

To: The Council
 The Member Associations
 The List of Honour
 The Commission
 The Committees
 The National Treasurers
 Dental Editors



Dear Colleagues,

The FDI's 81st Annual World Dental Congress in Göteborg, Sweden, was undoubtedly a huge success. In total approximately 18,000 people attended the various programmes and visited the exhibition.

The record figures and the excellent arrangements were indeed due to the outstanding skills, dedication and hard work by the Local Organising Committee of the Swedish Dental Association, strongly supported by the Göteborg Dental Society, which celebrated its 100th anniversary. To all involved in the organisation of this Congress, the FDI and all attendees wish to say: Thank you very much!

CONGRESS FIGURES

A total of more than 9,500 participants attended the Congress, of which 4,570 were dentists - 3,100 auxiliaries - 55 students and 1,900 of other categories.

SCIENTIFIC PROGRAMME

Scientific presentations of high clinical relevance were given by more than 350 speakers. The lecture halls were most of the time "sold out" and at many occasions "overflowing".

A very special event was the Göteborg day - a live, clinical TV-demonstration. Excellent, state-of-the-art dentistry, performed and presented on stage to more than 1,500 attendees.

Some of the papers given during the Congress will, in due course, be published in the FDI's *International Dental Journal*.

Table Clinics

The FDI/Unilever Table Clinics Awards were - as determined by the jury - given to:

1st Prize:

Drs I Morris and K Eaton, U.K.:

"Computer assisted learning for general dental practitioners"

Joint 2nd Prize:

Dr B Maravich, USA:

"The trifecta technique. A new root canal obturation technique."

Dr C. Jacobson, Sweden:

"A practical and most economical direct technique for fabrication of posts and cores that can be cast in metals of choice."

Dr M MacIntyre, Saudi Arabia:

"A combined fluoride-sealant procedure for caries prevention and control in a non-clinical setting."

Poster Presentations

There were 80 posters presented.

Limited Attendance Courses

Twelve half or full day LACs were given - before and after the scientific programme of the Congress.

THE WORLD DENTAL EXHIBITION

All available exhibition space was sold out for the dental trade show. More than 300 booths of various sizes - both horizontally and vertically - were occupied by international and Scandinavian exhibitors from 18 countries. The total net exhibition area was more than 6,500m². In addition to the participants in the scientific programme, more than 8,000 people came to visit the exhibition.

OPENING CEREMONY

Some 7,200 people attended the Opening Ceremony in the huge Scandinavium hall next to the Congress Centre. Speeches were given by:

- **Professor Göran Koch**, President of the Swedish Dental Association and Chairman of the Organising Committee
- **Mr Bo Könberg**, Minister of Health, Sweden, who declared the Congress open
- **Mr Lars Åke Skagar**, Lord Mayor of Göteborg
- **Dr Clive B Ross**, President of the FDI

A message was received from King Carl XVI Gustaf, the Patron of the Congress.

Awards

Dr Ross also presented two awards to:

- **Professor Roy Duckworth**, UK, elected a new Member of the FDI's List of Honour.
- **Professor Per Ingvar Brånemark**, Sweden, the Georges Villain medal.

The VOLVO Winner

All those who had registered for the Congress before 15 May were included in a lucky draw for a new Volvo Car, sponsored by Volvo. The lucky winner was **Mrs Ulla Petterson**, a dental hygienist from Katrineholm, Sweden.

Get-Together-Party

After the traditional roll call of nations, and exciting musical entertainment, all participants could enjoy the get-together-party - thousands were dancing for hours... The party was sponsored by Nobelpharma.

GENERAL ASSEMBLY

The FDI's General Assembly had two meetings in which the delegates and alternates from FDI's Member Associations took part, as well as many guests and observers. The meetings were chaired by the Speaker, Dr Runo Cronström, Sweden.

A very special message to the FDI and the General Assembly was received from the

President of Kenya.

Some of the issues and resolutions of the General Assembly were as follows:

New Member Associations

The membership applications from six National Dental Associations were approved:

- Slovakia
- Benin
- Czech Republic
- Congo
- Senegal
- Tunisia

Finance

The Report and Financial Statements for 1992 were approved. Both income and expenditure had been 15% more than budgeted, and there was an excess of income over expenditure of £5,000.

The operating budget of the FDI for 1994 was also approved. The subscriptions for Member Associations will be the same as for 1993 and 1992, i.e. 1994 will be the third year without an increase of subscriptions.

The subscription fee for Individual Members will again not be increased despite substantially increased and improved benefits.

World Dental Press Ltd

The Financial Statements of the WDP Ltd for 1992 were approved. The WDP Ltd had a turnover of £326,000 which covered all its direct costs and also its share of the Head Office expenses and the 1991 loss. The WDP Ltd showed a break-even result.

The operating budget of the WDP Ltd was approved.

List of Honour

The General Assembly resolved that Professor Roy Duckworth, UK, be elected a member of the FDI's List of Honour.

A New Organisational Structure

To allow the organisation to achieve maximum financial benefits of its activities, the

establishment of a new organisational structure was unanimously approved by the General Assembly:

- The FDI, with its Constitution, Members, etc continues as before.
- A new company - the "FDI World Dental Education" - with educational objectives, and with the same Board of Directors as the Council of the FDI, will be registered in the UK as a company limited by guarantee. The WDE Ltd will apply for registration with the Charity Commissioners.
- FDI World Dental Education Ltd will have two for-profit subsidiaries:
 - The FDI World Dental Press Ltd, and
 - The FDI World Dental Congress Ltd

The Legal Domicile

Based on the resolution of the General Assembly 1991, various studies have been conducted concerning the FDI's country of registration and, more specifically, a registration without nationality requirements.

The General Assembly now resolved that the FDI be established in the United Kingdom as an unincorporated association, and that the current assets of the FDI be transferred to this association.

The constitutional and other consequences of this decision will be presented and resolved at the 1994 General Assembly.

Strategic Plan and Working Programme

The 1990 Mission Statement of the FDI clearly indicated the main directions for the development of the FDI - four Missions with subsequent goals and objectives.

An updated edition of the Mission Statement was unanimously approved by the General Assembly and will serve as the FDI's general Strategic Plan.

A 1993/94 Working Programme for the FDI, following the directions of the Strategic Plan, was also unanimously approved.

The 1994 Year of Oral Health

An outline of the current ideas and suggestions was presented to the General Assembly and was discussed at various meetings during the Congress. Further details will be mailed in due course.

The Developing Countries

A tentative plan for the FDI's role and possible activities had been presented. This was discussed in more detail at the Inter-Regional Meeting.

Geographical Areas

The Council's definition and listing of countries in five geographical areas was approved.

Voting Equipment

The General Assembly resolved that the voting in the General Assembly 1994 shall be by an electronic voting system.

ELECTIONS

The elections of the General Assembly and of the Council were conducted according to the new Constitution.

The General Assembly elected four members to the Council:

Councillor, Africa:	Dr Helmut Heydt , South Africa (three years)
Councillor, Asian-Pacific:	Dr Jhee, Heun Taik , South Korea (three years)
Councillor, North America:	Mr Jardine Neilsen , Canada (three years)
Belgian Legal Representative:	Dr Stefaan Hanson , Belgium (one year)

To the Commission the following were elected:

- Dr Pierre Colombet**, France (elected by GA)
- Professor Elmar Reich**, Germany (elected by GA)
- Professor Minoru Nakata**, Japan (elected by Council)
- Dr Robin Woods**, Australia (elected by Council)

To the Committees of the Council the following were elected:

1. **FINANCE COMMITTEE:**
Dr Arthur Dugoni - Chairman
Dr Katsuo Tsurumaki
Dr Jacques Monnot
Mr Jardine Neilsen
2. **COMMUNICATIONS COMMITTEE:**
Dr Guy Robert - Chairman
Dr Helmut Heydt - Vice-Chairman
Dr Jorgen Bjørnvad

Dr Klaus de Cassan
Prof John Harcourt
Mr Henry Koehler
Dr Eli Schwarz
Dr J Schotte

3. CONGRESS AND EDUCATION COMMITTEE:

Dr James Brewster - Chairman
Dr Tin Chun Wong - Vice-Chairman
Dr Henri Aronis
Dr Choo Tech Chuan
Prof Göran Koch
Dr Ana Pereira
Prof Ichiro Takazoe
Dr Yip Wing Kong
Dr Heung-Ryul Yoon - Council Representative

4. INDIVIDUAL MEMBERS COMMITTEE:

Dr Michéle Aerden - Chairman
Dr Umberto Bar - Vice-Chairman
Dr Thomas Ip
Dr Kai Masalin
Dr Wilfred Springer
Dr Brent Stanley

The FDI's Directory, including address details, etc will shortly be updated and circulated.

THE COMMISSION

The new Commission had its first General Meeting. All ongoing projects were presented as well as the draft working programme for the Commission 1993/94. This programme was further discussed by the Commission and will be circulated to all Member Associations in due course.

All Member Associations have the right to appoint one Consultant each to the Commission to function as the Associations' contact persons with the Commission.

ANNUAL WORLD DENTAL CONGRESS 1998

The Council resolved that the 1998 Annual World Dental Congress will be organised in Barcelona, Spain, in cooperation with the Dental Associations of Spain and Catalonia.

**NATIONAL TREASURERS FORUM****30 August 1993****Göteborg, Sweden**

PRESENT: See attached attendance sheet

1. **OPENING**

Dr Arthur A Dugoni, the Chairman and FDI Treasurer, welcomed all present and opened the meeting. Apologies for absence had been received from Dr Adler, Argentina, Dr Castelein, The Netherlands and from Dr Whitehouse, UK.

Dr Dugoni thanked the NTs for all their work during the year and referred them to the background documents and commentary to the agenda, which had been circulated prior to the meeting.

2. **SUBSCRIPTIONS 1994**

The Council of the FDI, at its May meeting, had established the subscription of the Individual Members (IMs) for 1994 to be £18 (same as for 1993) and the IMs' discounted subscription of the International Dental Journal (IDJ) to be £35. No comments were made.

3. **NEW IM REGISTER**

A new, computerized, in-house membership register had been installed earlier this year. Again, a willingness to explore the possibility of exchanging membership information on disc or on line was expressed. This would be further investigated by the Head Office.

4. **MEMBERSHIP CARDS**

Various views were expressed regarding the need for membership cards and the various ways of distributing the cards.

Some NTs thought the cards were important and a necessary acknowledgment of the membership. Others questioned the need. The consensus was that the Head Office would follow the respective NT's request.

For 1993 the Head Office had sent the membership cards directly to all members (after receipt of the subscription). It was suggested that the cards for 1994 would be sent "in bulk" to the NTs, who would mail them to the IMs. The consensus was, again, that the Head Office would follow the respective NT's preferred way of distribution. However, no cards would be issued from Head Office without previous payment.

Various improvements of the cards were suggested - better quality, the full name of the organisation, the Executive Directors' signature, etc.

5. **SPECIAL CATEGORIES**

No comments were made in relation to the "special categories" (no longer part of the benefit package).

6. **TIMETABLE FOR THE 1994 COLLECTION**

A new timetable for the promotion and the collection of the subscriptions was presented. This was part of a new draft, NT's Manual, which was circulated at the meeting. Comments to the Manual were anticipated and a "final" edition would be distributed to all NTs after the Congress.

The principle aim would be that the subscriptions for the year - for a vast majority - should be paid to the FDI prior to the first issue of the FDI Dental World, i.e. in December or January. The second issue would not be distributed to non-payers. The 1994 issues of the IDJ would be distributed only after payment.

7. **METHODS OF COLLECTION**

Various methods of collection of the IMs and IDJ subscriptions were presented (in the commentary) and discussed. It was considered important to allow members to pay in their own currency. The NTs would continue to choose the method of payment that worked best in their respective countries.

8. **PROMOTION OF THE IM AND THE IDJ**

Reference was made to the ideas listed in the draft NT's Manual.

9. **WORLD DENTAL PRESS LTD**

No specific comments were made.

10. **ADDITIONAL BENEFITS**

It was emphasized that all ideas how to further improve the Individual Membership programme were welcome. This would also be one of the tasks for the Individual Members Committee.

11. **INDIVIDUAL MEMBERS COMMITTEE**

This new committee of the Council was to be elected the day after the NTs Forum. The nominations were mentioned, but no further comments were made.

12. **TOTAL MEMBERSHIP**

Dr Brent Stanley, initiator of the total membership test scheme in New Zealand, informed the meeting of their experiences so far.

It was pointed out that the Constitution of some Associations may inhibit the adoption of a total scheme.

The total membership scheme had, however, raised a considerable interest among the NTs, as the scheme seemed to be "right in principle". The Head Office would therefore provide further information about the "formula" and about the calculated costs for each Association.

13. **VANCOUVER AND HONG KONG**

The LOCs of the forthcoming AWDCs in Vancouver 1994 and Hong Kong 1995 gave excellent and exciting presentations of their respective programmes.

14. **ANY OTHER BUSINESS**

A question was asked concerning dentists' right to attend the AWDC. This issue had also been raised during Question Time and a response was anticipated in due course from the Council.

15. **ADJOURNMENT**

Dr Dugoni thanked all present.

Attendance at :
NATIONAL TREASURERS' FORUM
30 August 1993

NAME	COUNTRY/ASSOCIATION
ERNESTO ACUNA	MEXICO
MICHELE AERDEN	BELGIUM
NIELS OVE ANDERSEN	DENMARK
MARION BADER	GERMANY
UMBERTO BAR	ITALY
ROBERT BAUSCH	NETHERLANDS
PORANEE BERANANDA	THAILAND
MARGARETA BRACKO	SLOVENIA
EDOARDO CAVALLÉ	ITALY
LESLIE CHIRONGA	ZIMBABWE
PATRICK COLGAN	AUSTRALIA
PIERRE COLOMBET	FRANCE
ARTHUR DUGONI	USA
HEINZ ERNI	SWITZERLAND
FELIX ESPARRAGOZA G.	VENEZUELA
URS HERZOG	SWITZERLAND
HELMUT HEYDT	SOUTH AFRICA
THAVALYARAT HOLASUT	THAILAND
S JEGANATHAN	SINGAPORE
HEUN-TAIK JHEE	KOREA
EIVIND KARLSEN	NORWAY
SANZ MARTIN	SPAIN
KAI MASALIN	FINLAND
RUDI MATHEIS	AUSTRIA
VICTOR HUGO MONTES C.	COLOMBIA
L MUNARI	ITALY
JARDINE NEILSON	CANADA
CARIN NILSSON	SWEDEN
MAKOTO NISHIMURA	JAPAN
ABDOLJAVAD RAHIMPOUR	IRAN
A RATNANESAN	MALAYSIA

NATIONAL TREASURERS' FORUM ...Contd.
page 2

LUIS PAULO RELÓGIO	PORTUGAL
ELIZABETH REILLY	UK
A RETZKIN	ISRAEL
DANIEL ROBLIN	FRANCE
CLIVE ROSS	NEW ZEALAND
MARGARET SEWARD	UK
BRENT STANLEY	NEW ZEALAND
MICHAEL TSUI	HONG KONG
COLIN WALL	AUSTRALIA
RAY WENN	CANADA
F-J WILLMES	GERMANY
PER ÅKE ZILLÉN	UK

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The ACFD/AFDC Management Committee and Committee Chairs met in Montreal, Thursday, October 21 and Friday, October 22, prior to the ACFD/NDEB Competency Workshop.

The Competency Workshop held on October 23 and 24, 1993 at the University of Montreal was successful in bringing together representatives from the National Dental Examining Board, the Canadian Dental Association, the ten Dental Faculties as well as member of the Association of Canadian Faculties of Dentistry. The draft competency profile which was developed during the Workshop has been circulated by the NDEB to provincial licensing authorities, Deans of Dental Faculties and the ACFD/AFDC for comment and review. This document will be presented to the CDA Council on Education at the June 1994 meeting.

The 1994 annual general meeting of the ACFD/AFDC will be held in conjunction with the American Association of Dental Schools (AADS) 71st Annual Session and Exposition in Seattle, Washington, March 11-13, 1994. The Conference Coordinator, Dr. Helen Lyttle, has arranged for Dr. David Chambers, University of the Pacific, to introduce the concept of competency. The Canadian, American and European models will be described by Dr. Robert Baker (University of Manitoba and President of the National Dental Examining Board of Canada), Dr. William Kuebker (University of Texas and San Antonio) and Dr. Helen Lyttle (University of Manitoba, President-elect of the ACFD/AFDC) respectively.

The ACFD/AFDC will hold its 1995 annual general meeting in conjunction with the AADS in San Antonio, Texas, March 11-14th.

The Faculty of Dentistry, University of Manitoba has invited the ACFD/AFDC to meet in Winnipeg June 10, 11 and 12, 1995.

The 1994 Summer Teaching and Management Institutes will be the last Institutes held at the University of Western Ontario under the present format. A new format has been developed for these Institutes. Workshops will be conducted by the ST/MI Coordinators and instructors either on site at the Faculty or at a location convenient to the Faculties involved in the case of regional Workshops. Times and locations for these Workshops will be at the discretion of the Dean(s). Dr. Glenn Walker and Dr. Robert McConnell, UWO have agreed to accept responsibility for coordination of the Summer Teaching and Management Institutes beginning in 1994.

The document "Guidelines for Anaesthesia and Pain Control" will be forwarded to the CDA Council on Education in June. An appropriate foreword acknowledging the contribution of Drs. Haas and Young of the University of Toronto, in the revision of these Guidelines, has been added.

The topic for the 1994 CDA/CFDE Teaching Conference topic is "Dental Clinical Epidemiology" chaired by Dr. Donald Lewis, Professor of Community Dentistry, University of Toronto and the 1995 topic will be "Clinical Administration" chaired by Dr. David Donaldson, University of British Columbia.

Respectfully submitted,

Gerald Albert
President
Association of Canadian Faculties of Dentistry

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Association of Canadian Faculties of Dentistry as information.

CANADIAN DENTAL ASSISTANTS ASSOCIATION

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Dental Assistants Association is pleased to present this report to the CDA Board of Governors on the activities of the Canadian Dental Assistants Association.

President:	Gail Armitage, Calgary, Alberta
Vice President:	Charlotte Peer-Miller, London, Ontario
Past President:	Betty Copp, Fredericton, New Brunswick
Registrar:	Louise Mabey, St. Albert, Alberta
Journal Editor:	Charlotte Peer-Miller, London, Ontario

LOCATION

At present, the CDAA business office is located at 869-871 Dundas Street, London, Ontario M5W 2Z8. I am pleased to announce that our November 12, 13, 1993 Meeting of the CDAA Board of Directors, in London, it was moved by the Board, that we relocate to Ottawa, Ontario; by the proposed date of May 1995. We presently have a needs committee investigating our options in this area.

CERTIFICATION

A Certification Task Force has been struck to determine the specific needs and concerns of our individual provinces in order that we may make our examination process that most effective for each member.

NATIONAL DENTAL ASSISTANTS WEEK

March 20 - 26, 1994, are the dates for our National Dental Assistants Week. We are currently in the process of planning the activities for this special week. "Certified Dental Assisting Continuing to Grow... Striving for Excellence..." is the slogan for both Saskatchewan and CDAA.

MEMBERSHIP STATISTICS

Certification/membership renewals were mailed the first week in October. The following are the current statistics since the renewal period began.

CDAА Members with Certification	1079
CDAА Members without Certification	994
CDAА Certification, 1993 graduates	137
CDAА Dental Assisting Students	<u>353</u>
TOTAL	2563

NEXT MEETING DATE OF THE CDAА BOARD OF DIRECTORS

April 15, 16, 1994, will be the next meeting date of the Executive Committee and Provincial Representatives to the Board of Directors of the CDAА.

FDI CONVENTION - OCTOBER 1994

The CDAА is planning to hold its Annual Meeting, in Vancouver, British Columbia, the 2 days prior to the FDI Convention.

CDAА JOURNAL

Due to increased production costs in printing the CDAА Journal, it was decided at our November Meeting of the Board of Directors that instead of printing three Journals per year we would publish two newsletters and two Journals during a year.

On behalf of the CDAА Executive Committee and Provincial Representatives, best wished for a fruitful meeting. We thank you for this opportunity to be reporting to your Board, and for your assistance to, and support of, the CDAА.

Respectfully submitted,

Gail Armitage, President
Canadian Dental Assistants Association

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Canadian Dental Assistants' Association as information.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Board of Trustees: Dr. Gordon Thompson, Edmonton, Chairman
Mr. Lee Maddison, Burlington, Vice-Chairman, Dental Industry
Dr. Gregory Baird, Halifax
Dr. François Bourassa, Regina
Dr. Robert Dupont, Montreal
Mr. Jardine Neilson, Ottawa, Ex-officio
Dr. Donald O'Connor, Ottawa
Dr. David Singer, Winnipeg, Dental Education
Dr. Arnold Steinbart, Prince George
Mr. Arthur Zwingenberger, Toronto, Dental Industry

Fund Administrator: Mrs. Julie Hentschel

1. Meetings

The Board of the Canadian Fund for Dental Education has not met since its report to the CDA 1993 Annual Meeting.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. 1993 Income

The unaudited total income from all sources was \$434,221 in 1993, an increase of \$22,927 over that of 1992. \$339,235 of this amount was directed to the general fund, while \$96,986 was directed to endowment and developing funds, which are restricted in use according to established guidelines for each. Developing funds were initiated in 1993 in memory of Dr. William Madronich, Dr. Donald Williams, Dr. John King and Dr. Barbara Wilson. Upon reaching \$10,000 a developing fund becomes a named endowment fund.

The CFDE received a \$25,000 donation from The Eaton Foundation, for the establishment of the "Eaton Award for Excellence" Endowment Fund. This generous contribution was received as the result of the skill and tenacity of Mr. Lars Hansen of the Ontario Dental Association.

Total income over expenses for the new CFDE Season's Greetings Program was \$10,863. From this income, two developing funds have been established totalling \$7,801. The program provides printed CFDE Season's Greetings cards, at cost, to specialists who prefer to make a contribution to the CFDE in lieu of gifts to referring dentists. Twenty-three specialists participated in the 1993 program.

Investment income totalled \$69,685, representing an average annual 7.6% return on the CFDE investment portfolio.

3. **1993 Disbursements**

The CFDE Trustees approved grants in 1993 totalling \$251,585, supporting twenty education and research programs. A newly established program in 1993 is the Branemark Cranio-Maxillofacial Rehabilitation Program, made possible by a corporate sponsor. This program provides components without cost to patients with compromised financial means.

Total operating expenses for 1993 were \$139,142, which includes costs associated with the merger of the CFDE with the Dentistry Canada Fund of \$9,792.

4. **Annual Board Meeting**

Under the new Dentistry Canada Fund, the annual meeting of the Provisional Board is scheduled to meet April 17-18, 1994 to review the 1993 audited financial statements and set the 1994 fund-raising program.

Respectfully submitted,

Gordon Thompson, D.D.S., Chairman
Canadian Fund for Dental Education

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Fund for Dental Education as information.

DENTISTRY CANADA FUND

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

Provisional	Dr. Gordon Thompson, Edmonton, Provisional Chairman
Directors:	Dr. Robert Dupont, Montreal
	Dr. Bradley Holmes, Kenora
	Mr. Jardine Neilson, Ottawa, ex-officio
	Dr. Donald O'Connor, Ottawa
	Mr. Don Pamentor, Halifax
	Dr. Arthur Schwartz, Ashern
	Dr. John Silver, Vancouver
	Dr. David Singer, Winnipeg
	Dr. Douglas Smith, Belleville
	Mr. Arthur Zwingenberger, Toronto

Coordinator: Mrs. Julie Hentschel

1. Meetings

The DCF Board of Directors has not met since the 1993 CDA Annual Board of Governors meeting in Toronto. However, a Working Committee consisting of Drs. Holmes, Schwartz, Thompson, and Mr. Neilson, under the guidance of legal counsel, met on January 14, 1994 to prepare a draft of revised DCF objectives for approval by the DCF Provisional and CFDE Boards.

ITEMS REQUIRING BOARD ACTION

2. Revised Objects - Dentistry Canada Fund

The DCF Provisional Board of Directors and the CFDE Board of Trustees have approved the following expanded and modified DCF objectives incorporating the objects of the CFDE. They are presented here for approval.

RESOLVED:

- 94.54 **THAT** the following revised objects of the Dentistry Canada Fund be approved in principle, subject to approval by the Charities Division of Revenue Canada - Taxation:
- (a) To create and operate a fund for the citizens of Canada to assist in the encouragement of optimal oral health in Canada through education, research and promotion.
 - (b) To encourage the highest level of competence among Canadian dentists through the support of public research, lectures, seminars and other similar programs.
 - (c) To assist in the growth, development and advancement of dental education and the elevation of the qualification of teaching personnel through teaching and management programs and lectures.
 - (d) To assist meritorious and/or needy students by means of awards and fellowships through public advertisement and juried review panels as funds permit.
 - (e) To support and maintain the Sydney Wood Bradley Memorial Library as a source and repository for material and data for research into the conduct of the practice of dentistry.
 - (f) To cooperate, assist and collaborate with other dental professional and dental industry organizations concerned with oral health care. Any such organizations receiving funds from the Dentistry Canada Fund must be qualified donees as the term is defined in the Income Tax Act of Canada.
 - (g) To conduct education programs for the public about the importance of optimal oral health and the means to attain and preserve it.
 - (h) To solicit, receive and hold donations, gifts, devises and bequests for the objects of the corporation.
 - (i) To utilize and distribute such money and property in the furtherance of the objects of the corporation.

The CDA Board approved DCF objects will be submitted to Revenue Canada and formal Articles of Amendment would be sought from the Ministry of Industry and Science Canada.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. **Supplementary Letters Patent**

APPENDIX I

Supplementary Letters Patent changing the name of Canadian Dental Foundation to **Dentistry Canada Fund/Fonds dentaire canadien** were issued by the Ministry of Industry and Science Canada (Canada Corporations Act) on November 23, 1993.

Respectfully submitted,

Gordon Thompson, D.D.S.
Provisional Chairman,
Dentistry Canada Fund

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Dentistry Canada Fund.



C A N A D A

SUPPLEMENTARY LETTERS PATENT

issued to

CANADIAN DENTAL FOUNDATION

The Minister of Industry, Science and Technology by virtue of the powers vested in him by the Canada Corporations Act, does hereby change the name of the Corporation from CANADIAN DENTAL FOUNDATION to Dentistry Canada Fund Fonds dentaire canadien as provided in BY-LAW NO. 3 of the said Corporation, a copy of which is annexed hereto to form part of these presents.

Date of Supplementary Letters Patent - November 18, 1993

GIVEN under the seal of office of the Minister of Industry, Science and Technology.

for the Minister of Industry,
Science and Technology

RECORDED 23rd November, 1993

Film 688 Document 216

Deputy Registrar General of Canada



THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

REPORT ON THE 1993 ANNUAL MEETING

The NDEB considered and acted upon the following agenda items:

1. **CERTIFICATION OF GRADUATES OF APPROVED DENTAL SCHOOLS IN CANADA**

The NDEB approved the following by-law:

- "9.01 A current graduate of an undergraduate dental program in Canada will be granted the certificate of the Board upon fulfilment of the following conditions:
- a) approval of the undergraduate dental program by the Commission on Dental Accreditation of Canada; and
 - b) proper application of the Registrar of the Board prior to 31 March in the year of graduation; and
 - c) successful completion of the NDEB Written Examination; and
 - d) participation of his/her school in the NDEB Objective Structured Clinical Examination (OSCE) system."

The Board acknowledged, with appreciation, the commitment from all provincial licensing authorities for a once-only contribution of \$6.00 per licensed dentist in 1994 for the development and implementation of the written examination for the above graduates.

The Board received a report of the recent ACFD/NDEB Workshop on Clinical Competencies in General Practice and acknowledged that the outcome of the Workshop will be useful to the Board in the development of OSCE stations as well as for the examination for dentists trained outside of Canada.

The Board recognized that the OSCE will have to become a meaningful method for establishing clinical competence if national portability is to be preserved and that OSCE will have to be and be perceived to be a NDEB examination and not identified with the dental schools or ACFD.

A question was posed as to the Board's ability to defend the "31 March in the year of graduation" deadline for the certificate application by Canadian dental students now that an examination was part of the certification requirements. The Board will consult the provincial licensing authorities on the type of examination that will be required from a current Canadian graduate in 1995 who did not obtain the NDEB certificate in the year of graduation, i.e., written and OSCE or NDEB comprehensive examination.

2. CERTIFICATION OF GRADUATES OF DENTAL SCHOOLS OUTSIDE OF CANADA

The NDEB approved the following examination for the above graduates:

NDEB COMPREHENSIVE EXAMINATION - 1994

TIME

WRITTEN EXAMINATION

300 multiple choice questions 1 day

CLINICAL EXAMINATION

I Evaluation, Diagnosis & Management of Patients -
short answer & essay type written component 1 day

II On Manikins 2 days

a) Restorative Dentistry

b) Clinical procedures selected from endodontics, orthodontics, pediatric dentistry, periodontics, prosthodontics and surgery

c) Masticatory Physiology

III On Patients 2 1/2 days

Three restorative procedures and mounting
of cast for one procedure

TOTAL 6 1/2 days

This examination will be more convenient and less costly to candidates, however, it will considerably increase costs to the Board as well as increase the complexity of the administration of the examination.

The Board reviewed a letter from Dr. David Banting requesting that the NDEB consider graduates from approved dental schools in USA the same as graduates from approved dental schools in Canada for certification purposes. This is to be discussed further with the provincial licensing authorities.

3. NDEB BY-LAWS

In 1979 the NDEB approved the following by-law:

"All applicants for certification must be persons who have proven to the satisfaction of the Board that they are of high ethical and moral standards."

At the 1991 Annual Meeting, on the advice of the Honourable W.D. Parker, the NDEB changed the by-law to a policy and instructed staff to refer to this policy in the acknowledgement letter sent to all new examination applicants.

In 1993, disciplinary action by some provincial licensing authorities of some NDEB candidates came to the Board's attention and consequently the Board consulted legal counsel on the advisability of reinstating the said by-law.

Legal counsel's advice was that the Board consult with the provincial licensing authorities on the advisability, appropriateness and legality of re-introducing such a by-law.

4. REPORTS FROM OTHER ORGANIZATIONS

The NDEB was addressed by and received reports from Dr. G. Albert, President ACFD; Dr. J. McComb, President RCDC, Mr. Brian Henderson representing CDA and the representative from the CDA Committee on Student Affairs, Mr. Kevin Davis.

5. OFFICERS OF THE BOARD

President
President-Elect
Past-President

Dr. R.C. Baker
Dr. R.G. Canning
Dr. A.F. LaBounty

Executive Committee Members	Dr. R. Salois
Executive Director & Registrar	Dr. P.A. Watson
Executive Secretary & Treasurer	Dr. G. Kravis to Jan. 1/94
	Dr. J.D. Gerrow from Jan. 1/94
	Mrs. F. Dawes

6. EXAMINATION AND MEETING DATES - 1994

<u>MEETING</u>	<u>DATE</u>	<u>LOCATION</u>
Executive Committee	10 April	Ottawa
Executive Committee	18 November	Ottawa
Annual Meeting	19 & 20 (till noon) November	Ottawa

<u>EXAMINATION</u>	<u>DATES</u>	<u>LOCATION</u>	<u>APPLICATION DEADLINE</u>
(CANADA)			
	MAY/JUNE 1994		FEBRUARY 1, 1994
Written	16 May	*	" "
Clinical - PART I	20 May	**	" "
- PART II	30 & 31 May	Toronto, Ont.	" "
- PART III	1, 2 & 3 June	Toronto, Ont.	" "
	JULY/AUGUST 1994		MAY 1, 1994
Clinical - PART I	29 July	**	" "
- PART II	8 & 9 August	Vancouver, B.C.	" "
- PART III	10, 11 & 12 August	Vancouver, B.C.	" "

<u>EXAMINATION</u>	<u>DATES</u>	<u>LOCATION</u>	<u>APPLICATION DEADLINE</u>
	OCTOBER 1994		AUGUST 15, 1994
Written	3 October	*	" "
	DECEMBER 1994		OCTOBER 1, 1994
Clinical - PART II	12 & 13	To Be Announced	" "
- PART III	14, 15 & 16	" " " "	" "

- * According to Board policy, a Written Examination centre will be established in the Canadian dental schools and candidates will be assigned to the one closest to them
- ** According to Board policy, Clinical Examination I centres may be established in Canada in several areas, provided that a minimum of 25 candidates apply in that area

Respectfully submitted,

G. Kravis, Executive Director and Registrar
National Dental Examining Board of Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the National Dental Examining Board of Canada as information.

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1994 INTERIM BOARD OF GOVERNORS MEETING

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Annual Meetings

The 1993 Annual Meeting of the Council of the RCDC was held in Toronto on Sunday, August 30th, preceded on the 29th by a Workshop for most of our examiners. This Workshop (partially supported by CFDE) was primarily "in-house" with representative guests invited from the CDA, NDEB, provincial licensing bodies and dental schools. A report was published and distributed to the dental community, and additional copies are available upon request. The Convocation and Annual Dinner were also held on the 29th August, where we were pleased to welcome Dr. David Somer as the CDA's representative.

At the Convocation 17 new Fellows and 20 new Members were admitted to the College, bringing total numbers to 417 Fellows and 341 Members. The total number of licensed specialists in Canada is 1,657. Dr. James T. Hayward, a venerable and highly regarded Oral Surgeon now living in Florida, who taught many of the notable North American members of the specialty, was given an Honourary Fellowship in the College, and he provided the Convocation address.

The College's official farewell to long-term Registrar Dr. John Speck was given at the Annual Dinner; the special position of Registrar Emeritus had been created for him by Council, and he accepted this very special diploma. Dr. Speck will thus remain an important member of the Council and a valuable resource.

It was my pleasure to informally introduce Dr. Keith Titley to the CDA Board at its last meeting as the College's new Registrar - the appointment is for an initial five year term renewable at the pleasure of Council. Dr. Charles Baker of Edmonton has accepted Dr. Titley's previous position of Examiner-in-Chief; this is a 3-year appointment, renewable once.

The College plans to be part of the CDA/FDI meeting in Vancouver in 1994, and Dr. Jahjah and his staff have allocated meeting space and rooms for September 29th to October 1st.

2. New Officers

Dr. Guy Maranda completed his 2-year term as President, and passed the Presidential chain of office to me at the 1993 Convocation. Mr. Michael MacEntee of Vancouver, who has represented the Prosthodontics section since 1988, was elected Vice-President, and Dr. John Fraser, Endodontics, also of Vancouver, was elected as the Council's representative on the Executive Committee. Dr. MacEntee's election thus leaves his previous position on Council open at the time of writing this report, and an election is being held.

3. Council and Chief Examiner Vacancies

Elections were held in the spring for two positions on Council and Dr. Michael Wainwright of Vancouver, Orthodontics, and Dr. Paula Sikorski, Toronto, Oral Radiology, are the new members on Council, succeeding Dr. Neil Munro and Dr. Colin Price. Dr. Allen Wainberg, Montreal, Periodontics, was elected by acclamation, succeeding Dr. Ed Chesko. Dr. Sikorski, who was previously Chief Examiner in Radiology, becomes the first woman in the College to hold office.

Dr. David Kennedy of Vancouver, Chief Examiner in Pediatric Dentistry, was the only one whose term was completed in 1993, and Council approved the appointment of Dr. Keith Morley, Barrie, Ontario, to succeed him. With her election to Council, Dr. Sikorski's position as Chief Examiner in Radiology became vacant, and following consultation with those in the specialty, a recommendation for her replacement will be made at the spring meeting of the College's Executive Committee.

The complete list of Councillors and Chief Examiners is as follows:

President	R. John McComb, Toronto
Past President	Guy Maranda, Ste-Foy
Vice President	Michael MacEntee, Vancouver
Registrar	Keith C. Titley, Toronto
Examiner-in-Chief	Charles G. Baker, Edmonton
Secretary-Treasurer	Kay Montgomery, Toronto

	<u>Councillor</u>	<u>Chief Examiner</u>
Dental Public Health	Gordon Thompson	Robert Romcke
Dental Sciences	Chris Lavelle	William Fleming
Endodontics	John Fraser	William Christie
Oral & Max. Surgery	Richard Stapleford	David Precious

1993-94 Officers (Cont'd.)

Oral Pathology	Robert Priddy	Edmund Peters
Oral Radiology	Paula Sikorski	TBA
Orthodontics	Michael Wainwright	Robert Faith
Pediatric Dentistry	Marvin Klotz	Keith Morley
Periodontics	Allen Wainberg	Fred Muroff
Prosthodontics	TBA	Herbert Ptack

5. Examinations

Fellowship and Membership examinations were offered in May/June and October/December, 1993, with the following results:

	<u>Fellowship</u>		<u>Membership</u>	
	<u>Pass</u>	<u>Fail</u>	<u>Pass</u>	<u>Fail</u>
Endodontics	-	-	3	-
Oral and Max. Surgery	11	3	-	-
Oral Pathology	3	-	-	-
Orthodontics	2	-	8	1
Pediatric Dentistry	-	-	5	3
Periodontics	1	-	8	1
	<u>17</u>	<u>3</u>	<u>24</u>	<u>5</u>

Written examinations were held in Vancouver, Edmonton, London, Toronto, Montréal, Québec City, Halifax, Chicago, Richmond (VA), Wilmington (DL), Leeds and London, England, and Hong Kong, with the orals in Vancouver, Winnipeg, Toronto, and Montreal.

After holding the examination fees at \$750 for three years, the College's Council decided to increase fees to \$800 for 1994, with \$550 for re-sits and \$250 for credentials review.

6. Membership Examination

One of the major recommendations coming from the Examiners' Workshop last summer was that the College no longer offer the Membership Examination, reverting to Parts I and II of the Fellowship Examination, effective January 1, 1994. The examination content and requirements of both Parts will remain the same as for the previously-named Membership and Fellowship for the time being.

Membership Examinations (Cont'd.)

Those specialists currently Members in good standing will remain so for as long as they choose. In notifying the dental community of this decision, I explained the rationale for this unanimous decision of Council's, and its ramifications, and will be pleased to elaborate further to CDA Governors with specific questions.

Respectfully submitted,

John McComb
President

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Royal College of Dentists of Canada as information.

CANADIAN ACADEMY OF ENDODONTICS

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. The Annual Meeting for the Canadian Academy of Endodontics was held at the Deerhurst Resort, Huntsville, Ontario on August 25-29, 1993. There were 49 attendees and 22 spouses at the meeting. The featured speaker was Dr. Gary Carr of San Diego, California who spoke on the use of microscopes for retreatment and apical surgery.
2. New slate of officers for 1993-94:

President	Dr. Wayne Pulver
President-Elect	Dr. Paul Teplitsky
Treasurer	Dr. Terry Smorang
Secretary	Dr. Steve Brayton
Constitution	Dr. Calvin Pike
Past President	Dr. Wayne Acheson
3. The resume of our new President, Dr. Wayne Pulver, is forwarded for inclusion in the CDA Journal.
4. Our next Executive Meeting will be at the Post Hotel, Lake Louise, Alberta on January 21-22, 1994.
5. Our next Annual Meeting will be at the Inn at Kananaskis, Alberta on August 25-28, 1994.

Respectfully submitted,

Steve Brayton
Executive Secretary
Canadian Academy of Endodontics

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Academy of Endodontics as information.

CANADIAN ACADEMY OF ORAL PATHOLOGY

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Academy of Oral Pathology had its 27th Annual Meeting in conjunction with the meeting of the American Academy of Oral Pathology in Portland, Maine on May 17, 1993. The President, Dr. John Lovas presided.

Two new members were accepted to active status. The academy now has 41 members. Dr. Gordon Pringle was elected President Elect. The executive for the 1993-94 year is as follows:

President	Dr. John Hardie
President Elect	Dr. Gordon Pringle
Past President	Dr. John Lovas
Vice President	Dr. Tim McGaw
Secretary-Treasurer	Dr. Edmund Peters

The participation by oral pathologists in the proposed new "Federation of Dental Specialties of Canada" was discussed following a report by Dr. Linda Lee of an organizational meeting. Further action was tabled pending further discussions and information.

Following the highly successful format of previous meetings, the annual CAOP clinical/pathologic seminar was presented subsequent to the business meeting. The diagnosis and appropriate clinical management of 10 difficult or unusual cases was vigorously debated by the participants. As part of the program, teaching cases were exchanged for use in undergraduate and postgraduate dental education.

Respectfully submitted,

Edmund Peters
Secretary Treasurer,
Canadian Academy of Oral Pathology

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Academy of Oral Pathology as information.

CANADIAN ACADEMY OF PEDIATRIC DENTISTRY

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The CAPD completed another successful year in 1993. As of the end of the year the membership breakdown was as follows:-

Life members	18
Honorary members	2
Student members	19
Active members	110
Total	149

The Annual meeting of the CAPD was held in Toronto last May in conjunction with the CDA/ODA Convention. The Scientific session was addressed by Dr. Jack Dale from the University of Toronto and was most successful. The lunch and business meeting were well attended.

The day before the Executive Council met, there were a significant number of Academy members who brought business to the meeting. There were no other meetings of the Executive Council.

The discussion with the Board of Trustees and Officers of the American Academy of Pediatric Dentistry has developed an affiliation so that Canadian Pediatric Dentists can take advantage of the membership services of the AAPD. This is especially advantageous for the Annual meeting and the Continuing Education components. Canadian Pediatric Dentists can belong to the AAPD without the disadvantage of having to pay full dues to the American organization, in addition to dues to the Canadian counterpart. The arrangement allows Canadians to be members of both the CAPD and the AAPD at about the same cost as a US resident would pay to belong to the single American organization.

The 1994 Annual CAPD Meeting will be held in Vancouver, BC. This is in conjunction with the FDI/CDA meeting on Friday, October 7, 1994. The meeting of the Executive Council will be held on the day before, Thursday, October 6, 1994. Dr. Ken Troutman, from Columbia University, will be the Scientific Speaker. In addition there will be brief presentations from one of our members from each region or Province.

Respectfully submitted,

Ian C. Bennett, Executive Director, CAPD

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Academy of Pediatric Dentistry as information.

CANADIAN ACADEMY OF PERIODONTOLOGY

REPORT TO THE 1994 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Academy of Periodontology thanks the Canadian Dental Association for the opportunity to present to the Interim Board of Governors meeting in April, 1994.

Following the disbandment of the Dental Specialists Committee of the Canadian Dental Association, a new potential for dialogue between the Academy and the CDA has been developed. The Academy would like to feel that this new modality brings with it the opportunity to remove some barriers to communication which had previously existed.

I wish to report to the Board that the Academy of Periodontology strongly supports the formation of a national dental specialist organization and will actively participate in its deliberations.

Our main concerns in the past were with difficulty in messaging between our organizations. Recently, although we have been assured on repeated occasions - by CDA Committee Chairs as well as others - that this has been rectified, there have been occasions when communication should have been better.

It has taken many requests from our Academy and duplicated written requests to CDA and specifically your Third Party Committee, before the Third Party Committee agreed to communicate directly with Dr. David Hanmer, our Insurance Chair, on matters related to changes in the periodontal section of the CDA USCLS list of services.

In the past, information was sent to our president and more recently, to the Academy's central office. Dr. Hanmer has been frustrated and thwarted by receiving material via this circuitous route.

It has been the Academy's clear understanding that we would be consulted on any proposed changes to the periodontal section of the USCLS. This consultation process has been lacking in consistency. Not only is the Academy concerned with the way the process has been working but we are also concerned by not being contacted directly on matters which impact so seriously on our specialty group.

All too often the Academy is asked to comment at the END of the process rather than at the Beginning.

This concern was manifested by the events leading up to the correction and reversal of the scaling and root planning codes just this past December.

In the past, the Academy has offered to send a representative to the Third Party Committee to either assist or to participate whenever necessary on all matters pertaining to periodontology so that the Third Party Committee will have our input at the beginning. This offer is again being presented today.

The Academy wishes to recommend that all specialty groups be invited to send a representative to attend the Third Party Committee meetings when matters pertaining to that specialty are on the agenda.

The Academy would like this issue to be addressed and considered at the Executive Council for presentation at the Interim Board of Governors in Ottawa in April, 1994.

The request for this report, while it was written on December 6, 1993, arrived too late in my office in Vancouver for early action as I had closed my office for Christmas on the 17th of December. I would respectfully request that you send out your requests for Interim Board Reports earlier and allow for the Christmas mail delays and for correspondence who may be away at this time of year.

Since establishing a permanent secretariat in Ottawa two years ago, the Academy has hired a part-time Executive Secretary who administers the daily business of the Academy members. We have re-structured the basic functioning of the Academy by developing a strong network within the Executive Council. Regular fax messages and monthly Executive Conference calls have improved internal communication. The Academy's NEWSLETTER format has improved greatly with the Editor position expanding to a three year term; the NEWSLETTER is circulated to C.A.P. members approximately six times a year.

Membership in the Academy has remained consistent over the past five years and continues to be linked to the provincial societies. A stronger communication opportunity has developed with the individual provinces via the newly formed Member at Large position on the Executive Council as well as through the Chairman of the Insurance Committee on all matters dealing with fee codes. An effort is being made to provide a provincial voice at the national level.

The Academy continues to hold an annual scientific session coupled with the Executive Council, Board and Annual General Business Meetings. These meetings are scheduled at a different location each year across the country.

1992	Ottawa
1993	Jasper
1994	Halifax
1995	Toronto

The Academy greatly appreciated the time spent with the CDA President Dr. Bernie Dolansky at the 1993 Canadian Academy of Periodontology Board Meeting. Dr. Dolansky graciously provided an in-depth response to our concerns regarding the disbanding of the national CDA Specialists Committee and reasonable rationale for this. This type of interfacing is critical and we should attempt this rendez-vous again.

In summary, we feel that the changes in structure to the Canadian Academy of Periodontology have enabled us to become a stronger voice and more truly representative of the periodontists in Canada.

The Canadian Academy of Periodontology is grateful for the special consideration granted by the administration in accepting this report after the January 7th deadline.

Respectfully submitted,

Peter Munns
President,
Canadian Academy of Periodontology

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Academy of Periodontology as information.

ANNUAL MEETING

BOARD OF GOVERNORS

CANADIAN DENTAL ASSOCIATION

ASSEMBLÉE ANNUELLE

DU BUREAU DES GOUVERNEURS

L'ASSOCIATION DENTAIRE CANADIENNE

VANCOUVER, B.C.

**OCTOBER 2
LE 2 OCTOBRE**

1994

**CANADIAN DENTAL ASSOCIATION
BOARD OF GOVERNORS
OFFICERS & OFFICIALS**

Chairman of the Board of Governors
Secretary to the Board of Governors

N.A. Mancini
A.J. Neilson

EXECUTIVE COUNCIL

R. Wenn, President - Chairman	J. Diggins	R. Sandilands
B. Sigfstead, President-Elect	B. Dolman	D. Somer
J. Brookfield, Vice-President	T. Gushue	B. White

BOARD OF GOVERNORS

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W. Blair
G.P. Greeves
R.D. Sandilands

NEWFOUNDLAND

T. Gushue

QUÉBEC

B. Dolman

NOVA SCOTIA

B. Conrod

AFFILIATE (QUÉBEC)

O. Kopytov

BRITISH COLUMBIA

J. Diggins
M. Pedersen
W. Scramstad
P. Trester

ONTARIO

R. Bossin
P. Fendrich
R. Howard
D. Somer
G. Sweetnam

SASKATCHEWAN

B. White

MANITOBA

T. Breneman

**CDN. FORCES DENTAL
SERVICES**

V. Lanctis

NEW BRUNSWICK

P. Castonguay

PRINCE EDWARD ISLAND

C. Jack

STUDENT REPRESENTATIVE

C. Sul

HEALTH & WELFARE VETERANS AFFAIRS

(vacant)

J.C. Tsafaroff

Recording Secretary: Mrs. S. Burton

COUNCIL/COMMITTEE/COMMISSION CHAIRMEN

R. Brooke (Accreditation)
B. Dolansky (CDAnet)
J. Brookfield (Communications & Membership)
M. Balfour (Constitution & By-Laws)
W. Steggles (Community & Inst. Dentistry)
M. Eggert (Consumer Products Recognition)
M. Jahjah (Conventions)
D. Jones (Dental Materials & Devices)
G. Thompson (Education)

M. Deyette (Ethics)
J. Brookfield (Government Relations)
R. Moran (Insurance & Investment)
R. Wenn (Management)
B. Dolman (Membership)
J. Brookfield (Nominations)
N. Sarooshi (Student Affairs)
R.N. Hicks (Taxation)
L. Dugal (Third Party)

CDA STAFF

R. Beaulieu, Secretary to Executive Director
P.R. Crawford, Editor
S. Davis, Manager - Corporate Affairs
T. Davis, Managing Editor
M. Giroux, Coordinator, Councils and Committees
B. Henderson, Director of Education and Accreditation/
Professional Services
K. MacIntosh, Communications
S. Matheson, Associate Director, Education and Accreditation
S. McPartlin, Membership Services
J.R. Neal, Director of Administration
C.A. St-Laurent, Manager, Membership
L. Teteruck, Director of Communications
M. Vaughan, Librarian

OBSERVERS

NAME

AFFILIATION

L. Allen	Past-President, CDA
G. Armitage	Canadian Dental Assistants' Association
D. Bacon	Alberta Dental Association
R. Baker	National Dental Examining Board of Canada
B. Barrett	Dental Association of Prince Edward Island
M. Blain	Association des chirurgiens dentistes du Québec
D.M. Bonang	Nova Scotia Dental Board
M. Borowcko	Canadian Dental Hygienists' Association
G. Bouger	Province of Québec - Ministry of Health
M. Buettner	Manitoba Dental Association
K. Butler	Canadian Dental Service Plans Inc
T. Chaisson	New Brunswick Dental Society
G. Citrome	Royal College of Dental Surgeons of Ontario
E. Corrigan	Dental Association of Prince Edward Island
C. Daly	Newfoundland Dental Board
B. DesMarais	Province of Manitoba
T. Dobbs	Manitoba Dental Association
G. Dubé	Canadian Dental Service Plans Inc.
D. Eade	College of Dental Surgeons of British Columbia
R. Ellis	Royal College of Dental Surgeons of Ontario
L. Emmerson	Association of Canadian Faculties of Dentistry
J.C. Gillies	Ontario Dental Association
J. Gerrow	National Dental Examining Board of Canada
W. Glave	Canadian Dental Service Plans Inc.
P.Y. Lamarche	Ordre des dentistes du Québec

OBSERVERS

<u>NAME</u>	<u>AFFILIATION</u>
D. Laurie	College of Dental Surgeons of British Columbia
B. Leroy	Alberta Dental Association
H. Lytle	Association of Canadian Faculties of Dentistry
G. MacDonald	Newfoundland Dental Association
E. MacNee	College of Dental Surgeons of British Columbia
R. MacGregor	Nova Scotia Dental Association
G. Maranda	Royal College of Dentists of Canada
R. Markey	Past-President, CDA
J. McComb	Royal College of Dentists of Canada
R. McDermott	University of Saskatchewan
R.H. McIntyre	Manitoba Dental Association
P. McQueen	Canadian Forces Dental Service
C. Meyers	College of Dental Surgeons of Saskatchewan
J. Miller	Newfoundland Dental Association
K. Montgomery	Royal College of Dentists of Canada
S. Moreau	Committee on Student Affairs - CDA
J. Niedermeyer	Past-President, CDA
J. Page	Newfoundland Dental Association
D. Pamenter	Nova Scotia Dental Association
G.H. Peacock	College of Dental Surgeons of Saskatchewan
D. Pelland	Association des chirurgiens dentistes du Québec
A. Penuchev	Committee on Student Affairs - CDA
T. Petty	Academy of General Dentistry
K. Roach	Past-President, CDA
W. Sharun	Alberta Dental Association
K. Tittley	Royal College of Dentists of Canada
G. Thompson	Alberta Dental Association
W. Thompson	Past-President, CDA
R. Thordarson	College of Dental Surgeons of British Columbia
R. Turcotte	New Brunswick Dental Society
F. Turner	College of Dental Surgeons of British Columbia
B. Wishart	New Brunswick Dental Society
M. Woodward	College of Dental Surgeons of British Columbia
C. Worobey	Canadian Dental Hygienists' Association
J. Wright	Canadian Dental Service Plans Inc.

PRESIDENT'S REMARKS
Annual Meeting of the CDA Board of Governors
October 2, 1994

Thank you Mr. Chairman. Good morning ladies and gentlemen.

I am sure many presidents before me have stood at this podium and commented on how rapidly their year as President has flown by. I am no exception to that observation. For me personally, it has been a wonderful and exciting year.

It has also been a dynamic year for the Canadian Dental Association. We have certainly lived up to the CDA Mission Statement by being the authoritative national voice and focus of unity for the profession of dentistry in Canada.

No where has this been more apparent than in our interaction with the federal government over several issues - several very important issues: 1. the potential reduction in RRSP contribution limit for self-employed Canadians; 2. the ongoing review of the Goods and Services Tax; 3. the Plain Packaging of Tobacco Products; 4. MSB Claim Form Changes and their Policy on Bonded Amalgams; 5. the Lobbyist Registration Act; 6. but most importantly, the intent of the federal government to tax employer-paid dental health benefit packages.

Over the next few months, the defeat of this proposal by Finance Minister Paul Martin, could be this year's - any years's single most important achievement of the Canadian Dental Association and the ten provincial associations. We all know that a tax on dental plan premiums will have disastrous effects on individual participation in dental plans. I ask for your continuing support in this campaign. We have had a marvellous start with a strong showing from our membership, and a great deal of media attention, which we hope to re-kindle at our press conference tomorrow.

Please continue the campaign in your provinces; encourage dentists to keep up the pressure by reminding them of our efforts and our goals in your publications and during your visits to your component societies.

I feel that a successful outcome on this issue is vital to the interests, both health and economic, of dentists and patients alike.

Make sure the Federal Government knows we are there!

But this is not the only area in which CDA has had a successful, dynamic year.

The settlement of all legal actions surrounding the use of CDIP Life Surplus Funds is a personal satisfaction to me. It certainly is counterproductive to have disputes of this magnitude happening within the dental family. The intent of Executive Council to resolve the final monetary issue with Guardian will be discussed further, later in the day.

Our CDAnet project, which truly underwent growing pains, is only beginning to show its stuff as a planned investment. It is now apparent that it is a true member service, a source of non dues revenue and most importantly a dentist-owned billing and payment technology. Of course, the expansion of this project into CDAnet PLUS will certainly place dentistry in the right direction on the information highway.

I am sure you are all well aware of CDA's 1993 year end surplus - \$852,326 is a very substantial figure indeed. Our five year plan to put our financial house in order is well on track. We are achieving our objectives for mortgage and debt reduction.

There are many other success stories outlined in today's Board Book, such as: our seminar services; our Dental Information System pamphlets; our initiatives with the Academy of General Dentistry; our Membership numbers and; CDIP and CDA RSP & RIF programs, to mention only a few.

However, no President could leave this podium without mentioning one of CDA's outstanding achievements of 1994 and that is, of course, the reason we are in Vancouver today - the 82nd FDI World Congress. It is only the second time in our 92 year history that Canada and Canadian dentistry have hosted the World Dental Congress. There are not enough words, nor expressions of gratitude, that one could say to properly thank our own outstanding General Chairman of Conventions, Dr. Michel Jahjah. I know and I think you, the members of the Board, know Michel's job has had unnecessary complications. But he has risen above these distractions and with the help of his hard-working local organizing committee of Drs. Boyd, Markey, Clarke, Ramage, Chan and Stick, Dr. Jahjah has organized a fantastic program that I know will be a smashing success. Congratulations Michel and crew!

I invite you now to enjoy the debate and discussions that will surround today's Board Book. If we all remember those three very important words in our mission statement - Focus of Unity - I know we will have a successful meeting.

Ray Wenn, D.D.S.
President

EXECUTIVE COUNCIL

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Raymond Wenn, Charlottetown - Chairman
Dr. Bryun Sigfstead, Edmonton
Dr. James Brookfield, Kirkland Lake
Dr. John Diggins, Vancouver
Dr. Barry Dolman, Montréal
Dr. Toby Gushue, St. John's
Dr. Richard Sandilands, Edmonton
Dr. David Somer, Hamilton
Dr. Bernie White, Saskatoon

Senior Staff: Mr. Jardine Neilson, Executive Director
Mrs. Sandra Davis, Manager, Corporate Affairs

Coordinator: Mrs. Suzanne Burton

1. Council Meetings

Since the 1994 Interim Meeting of the CDA Board of Governors, the Executive Council has met once, on June 24-25, 1994. In addition, a conference call was held on May 3, 1994.

ITEMS REQUIRING BOARD ACTION

2. Appointment of CDA Auditors

RESOLVED:

94.55 THAT the firm of McCay, Duff & Company be appointed CDA Auditors for the fiscal year 1994.

ADOPTED

3. CDSPI - Council on Insurance and Investment

To comply with Article XVI, Section 4(c) of the CDA Constitution and By-Laws,

RESOLVED:

94.56 THAT the Board of Directors of CDSPI be appointed the CDA Council on Insurance and Investment for the calendar year 1995; and

THAT this appointment be revisited, if appropriate, following a recommendation on the restructure of CDSPL.

ADOPTED

4. Canadian Dentists' Insurance Program - 1993 Financial Statements

RESOLVED:

94.57 THAT the Audited Financial Statements for the Canadian Dentists' Insurance Program for the year ending December 31, 1993, be approved.

ADOPTED

APPENDIX I

5. FDI National Treasurer

RESOLVED:

94.58 THAT Mr. Jardine Neilson, CDA Executive Director be appointed FDI National Treasurer for 1995.

ADOPTED

6. Court of Appeal for Ontario Decision - Management of CDIP Life and Disability Plans Surplus

In a unanimous judgment released March 22, 1994, Justices Blair, Osborne and Austin of the Court of Appeal for Ontario set aside the order made by Justice McKeown, in his decision of December 23, 1992 in the matter of the CDA Executive Council's management of surplus funds of the Life and Disability Plans. In summary, with one exception, all prior dispositions of surplus funds made by CDA were found to be appropriate. Use of any surplus must be confined to the plan in which it was generated. However, it may be utilized to benefit the participants in that plan generally, and not only those whose premiums generated the particular surplus. At the 1994 Interim Meeting, Governors were informed that several outstanding legal matters required resolution, including QDSA's intention with regard to its original action and the appeal judgment, and the disposition of costs.

CDA has complied with the direction of the Appeal Court, with regard to the repayment in full, with interest, of the loan from the Life Plan surplus to the Disability Plan. A schedule outlining the loans from the Life Plan surplus to the Disability Plan, the repayments and related interest calculations, is appended.

APPENDIX II

7. Resolution of Outstanding Issues - Decision of the Court of Appeal for Ontario

On May 3, 1994, Executive Council met by conference call to review and discuss its legal counsel's analysis of the appeal decision and to give further direction, in an attempt to resolve outstanding issues. Mr. Claude Thomson, senior counsel with Fasken Campbell Godfrey representing CDA in the appeal action, participated in the conference call. The appended analysis prepared by Fasken Campbell Godfrey dated April 25, 1994, outlines in detail the various issues requiring resolution.

APPENDIX III

Mr. Thomson advised that the Court decision left several ambiguities, in particular the determination of recovery of costs of the CDA and QDSA. Council was informed that the QDSA could bring its original case to court if some of the outstanding items were not resolved. Mr. Thomson advised that, in his opinion, it would be in the best interest of the plans and the participants to negotiate a reasonable settlement with QDSA, and to close the chapter on this matter once and for all. Any settlement negotiated on costs would require an application to the Court, by the trustees, for approval.

In concluding its deliberations on this issue, the Executive Council determined that it was indeed in the best interest of the plans and the participants to negotiate a settlement with QDSA on costs and all outstanding issues. On balance, the continuation of litigation, and the associated drain on the financial and human resources of the Association, was considered to be counter productive. Council's decision stipulated that settlement of costs with QDSA was contingent on the Court's approval that such costs be paid from the CDIP Plans surplus. In addition, QDSA must acknowledge that all matters pertaining to its legal action concerning CDIP surplus funds were settled once and for all time. CDA President Dr. Ray Wenn, following the instruction of the Executive Council, acted as the trustee's representative in the negotiations with QDSA. A summary of the resolution of these discussions follows:

- QDSA shall receive a portion of its litigation costs in the amount of \$170,000 from the CDIP surplus funds;
- CDA shall be entitled, at its election, to receive a portion of its costs from the CDIP surplus funds in the amount \$170,000;
- Having regard to CDA's view that the judgment should clarify all outstanding points or issues relating to the use of surplus funds for the sake of certainty and completeness, QDSA shall consent to the form of judgment which is

submitted by CDA for approval by the Court; and

- QDSA and CDA agree that this will terminate all litigation between the parties relating in any way to the use of surplus funds including, among other things, that the class action proceedings shall be dismissed without costs, and QDSA shall fully and finally release, CDA and CDSPI and their respective officers and directors (past, present, and future) from any and all claims of any type which were bought or could have been bought in this or other legal proceeding.

On May 27, CEOs of the nine other provincial associations named in the Court proceedings were canvassed by CDA Management Committee regarding their organizations' consent to the proposed settlement. Following appropriate approval, authority was confirmed agreeing that litigation costs of \$170,000 would be paid to the QDSA from the plan surplus as soon as appropriate. However, the costs allowed to CDA would not be taken from surplus until full disclosure was made to the Board of Governors of all potential sources of funds for the payment of CDA litigation costs.

Prior to the submission to the Court of the settlement agreement between CDA and QDSA, CDA's Errors and Omissions insurers, Guardian Insurance Company, were informed of the parameters of the proposed settlement. Guardian objected to the settlement proposed indicating it was not prepared to waive its costs incurred which it calculated to be in excess of \$170,000. It was a decision of Management Committee, acting on behalf of the Executive Council, that this matter would be dealt with apart from the Court settlement proposed between CDA and QDSA.

On June 15, 1994, CDA was informed that the Court of Appeal for Ontario had approved the settlement costs and all outstanding legal matters surrounding the Executive Council management of the CDIP surplus funds.

The issue of recovery of Guardian's reimbursement of CDA legal costs is outstanding at this time. Discussion and negotiations are ongoing which will include, among other things, discussion of the approximately 500% increase in CDA's premium for Errors and Omission Insurance for 1994 over 1993. Given this, no recommendation with regard to the appropriate source of CDA's recovery of its legal costs can be presented at this time. A schedule identifying CDA related legal expenses and amounts reimbursed is appended. It is anticipated that further information allowing presentation of recommendations, will be available for circulation prior to the October Governors Meeting.

8. CDA Expense - CDIP Surplus - Trustee Compensation

As identified in CDA By-Laws, Executive Council is trustee for all insurance, retention, surplus and reserve funds. In addition, Executive Council members are trustees for the CDIP Life and Disability Plans Trusts. In order to meet this responsibility, CDA incurs costs of communication with and direction to CDSPI. This is accomplished through regularly scheduled CDA/CDSPI management meetings, and meetings of the Executive Council. From time to time, extraordinary meetings of Executive Council have been required.

In discussion of this matter, CDSPI identified that trustee compensation might be appropriate from the relevant CDIP trusts. A legal opinion was requested and is appended. Executive Council recognizes that the past recent years may have been extraordinary in terms of its time and resource commitments to trustee matters. However, based on the opinion provided, Council believes reimbursement for out-of-pocket expenses is appropriate.

APPENDIX V**RESOLVED:**

94.59 THAT the application of the following recommendation be deferred until the CDSPI restructure has been implemented, and that this decision be reviewed at that time.

DEFEATED**RESOLVED:**

94.60 THAT the principle of Executive Council reimbursement of out-of-pocket expenses incurred in performing its trustee duties for CDIP surplus, be approved.

ADOPTED

Over the past year, agendas of Executive Council meetings have been itemized in order that the time spent on trustee matters can be determined. Although specific figures have not been calculated, it is anticipated that in most years the expense will be relatively modest.

9. CFDE - Dentistry Canada Fund - Transfer of Funds

The merger of CDA charities and trusts under the name of the Dentistry Canada Fund, was approved by the Board of Governors in 1993. At its 1994 Interim Meeting, the Board approved in principle, DCF objects which combined the unique objects of CFDE, CDF and other charities and trusts involved in the amalgamation. Subsequently these objects were approved by Revenue Canada and are stated in final form in the appended resolution.

APPENDIX VI

In keeping with its decision on amalgamation, the CFDE Board of Trustees approved resolutions to dissolve and liquidate its properties, funds, and all other resources. CFDE by-laws provided that, on dissolution, its assets be transmitted to the CDA Board of Governors. CDA approval was required in order that these resources be transferred directly from CFDE to DCF. The appended resolution was approved by Management Committee and ratified by Executive Council at its June meeting. It is presented here for Governors' ratification.

RESOLVED:

- 94.61 THAT Executive Council's decision concerning the transmission of funds from CFDE to DCF, as outlined in the appended resolution, be approved.**

ADOPTED**Dissolution of CDA Trusts and transfer of funds to Dentistry Canada Fund****RESOLVED:**

- 94.62 THAT the Executive Council's decision concerning the transmission of funds from the Grieve Memorial Lectureship Trust, the Canadian Dental Research Foundation and the Library Trust Fund to the Dentistry Canada Fund, as outlined in the appended resolution be approved.**

ADOPTED

Funds from the Canadian Dental Research Foundation, the Grieve Memorial Trust and the Library Trust Fund must be similarly transferred, in order that DCF can properly expend the funds it currently holds on their behalf, for the related programs of these organizations. It is anticipated that this action will be complete prior to the Annual Meeting, and further information will be presented to the Board at that time.

APPENDIX VI

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**10. Dental Care Occupations Labour Market Model**

At the Interim Meeting, Governors approved \$10,000 as CDA's contribution to the Dental Care Occupations Labour Market Model contingent upon confirmation of the federal government contribution and financial support from the dental profession based on a cost-sharing formula.

The Dental Human Resources Study Planning Group, representing the cooperating constituencies in the project, met in May. There appeared to be a general consensus about the potential value of the project. However, several problems have been identified which must be resolved in order that the project move forward. These are, respectively, formal commitment to the project, equitable funding for the project, free access to essential project data and open distribution of the project results.

Executive Council reviewed details on these issues and, while agreeing that some positions being taken are discouraging, determined that stakeholders must be engaged in further discussion in an attempt to resolve issues and find practical solutions to move the project forward. An attempt will be made to secure additional external funding sources to alleviate some aspects of impediments identified.

The Board of Governors directs Executive Council to further review the funding for the implementation of the Dental Human Resources Study.

11. Agreements - CDAnet - British Columbia

At the 1994 Interim Meeting, Governors approved, in principle, agreements between CDA and MSA and CU&C, and the NDC license agreement for the communications gateway software PC ASSIST. Final approval authority was given to Executive Council and these agreements have now been finalized and executed.

In January, 1994, a letter of agreement was signed between CDA and the College of Dental Surgeons of B.C. on CDAnet revenue sharing. The agreement, which is appended, was approved by Management Committee and ratified by the Executive Council at its June meeting.

APPENDIX VII**12. CDA/CDSPI (Council on Insurance and Investment)****- Legal Expense Insurance**

To facilitate access to Legal Expense Insurance through CDIP, CDSPI is preparing a two-option coverage plan designed to meet the individual needs of all co-sponsors.

Currently, the Ontario Dental Association, the Alberta Dental Association and the Manitoba Dental Association, have received Executive Council approval to have Legal Expense Insurance, with coverage consistent to the definitions for "family" and "professional" coverage as originally presented to Governors in 1993, added to their 1994 Participation Agreements. This particular coverage would be one option under the new plan design. The second would be consistent with the needs of co-sponsors who have expressed a concern with coverage relating to actions initiated by dental licensing bodies.

- Diversification

Executive Council has granted permission to CDSPI to examine the feasibility of diversification in areas of insurance and investment administration for other professions. The Administration Agreement between CDA and CDSPI, restricts CDSPI from providing services to other entities. Diversification would only be considered relative to professions or groups outside of the broad spectrum of dentistry, and would be examined within the overall consideration of CDSPI restructure. Examination of the feasibility of diversification was approved in principle, with the understanding that any recommendations would seek the required approval of the CDA Board of Governors.

- CDSPI Corporate Restructuring

The CDSPI Board of Directors has created an ad-hoc committee to deal with the future process of corporate restructuring. The committee was charged with the responsibility of reviewing the status of the restructuring program to date, examining and developing a process for the continuation of the review and bringing a preliminary report, along with a budget, to the September 1994 meeting of the CDSPI Board. The selection process for a consultant will take place during July. CDA Management Committee will be the contact point for CDA input.

- Change of Year End for the Life and Disability Plans

The report of the Council on Insurance and Investment, item 7, outlines the rationale for, and the advantages of, a change of year-end for the Life and Disability Plans. In essence, the change of year end will allow for the distribution on interest income prior to the taxation year-end and shelter the trusts from income tax. As requested in the appended letter from CDSPI, CDA Management Committee approved a related recommendation from the Council on Insurance and Investment in order that this change be put in effect for the 1994 plan year. This action was ratified by the Executive Council at its June meeting.

- CDA RSP and CDA RIF Annual Processing Fee

At the 1994 Interim Meeting, Governors approved the implementation of an annual processing fee for individuals seeking to participate in CDA investment programs following January 1, 1995. The approval stipulated that the fee be waived for CDA members and non-member staff.

In response to concerns raised during the deliberation of this matter, CDSPI was asked to examine the legalities associated with the processing fee and advise CDA of any compliance difficulties. Advice from CDSPI concluded that compliance of the fee with requirements of both Revenue Canada and Insurance Acts, was dependant on how the fee was characterized. It was concluded that the best approach was to treat the fee as a payment in order to meet RSP and RIF eligibility requirements. The fee will be dealt with in general terms in the eligibility provisions of the contract with the insurer, Imperial Life.

The wording of the Governors resolution referring to a waiver of fee for CDA members, was couched in those terms in an attempt to keep the application of a processing fee "on side" with insurance and taxation policies. Therefore, the modification, as recommended by CDSPI, is in keeping with Executive Council's intent when it formulated the recommendation to Governors. The change in the characterization of the fee from a processing fee to an eligibility fee, does not alter the stipulation of continued eligibility, without fee, of all individuals participating in the CDA RSP or the CDA RIF prior to January 1, 1995.

- CDIP Life and Disability Insurer

In early June, CDSPI was informed that Sun Life Assurance Company of Canada had purchased the Prudential Group Assurance Company of England (Canada) the underwriter for CDIP's basic life, dependants life, long term disability, and office overhead plans.

CDSPI has advised that the purchase by Sun Life will not affect the current CDIP coverages of participants in any of these plans. CDA approval and related motions will be required at the time of renewal, which will take place January 1, 1995.

- CDIP Surplus

Section 9 of the Participation Agreement requires Executive Council to receive and review recommendations from the Council on Insurance and Investment on the use of surplus funds as soon as reasonably possible, following receipt of the CDIP audited financial statements. The extent of legal costs recovery from the Life Plan surplus has not been finally determined. In addition, as indicated in the report of the Council on

Insurance and Investment, CDSPI will be examining this matter over the summer months and will present recommendations to the Executive Council as soon as appropriately possible.

13. Dental Benefits Taxation Campaign

Over the next eight months, CDA will launch an intensive lobbying and media relations campaign to stop the federal government from imposing a tax on employer-paid dental plan premiums.

A campaign package consisting of a letter from CDA President Dr. Raymond Wenn, briefing notes, and comprehensive instructions on how dentists and their staff can best assist CDA in preventing the tax, will be distributed to every dentist in Canada during July. The package also includes a letter to all Canadians, alerting them to the potential implications of the new tax, as well as a prepared letter that concerned patients can use to indicate their opposition to the government's plans. In addition, dentists were encouraged to contact their own MPs to voice the profession's concerns about the planned tax.

Over the course of the summer, CDA will broaden its lobbying initiatives by conducting polling and research, leading to an enhanced position paper against the tax. Also, CDA will communicate with its corporate members as well as other organizations including the dental industry, the insurance industry, labour unions and employee groups, to develop joint strategies and communication initiatives. The campaign will intensify in October, when CDA plans to launch a full-scale media blitz. Press releases outlining CDA's position will be sent to all major news outlets, and the Association will take advantage of every available opportunity to express its point of view in press conferences and interviews.

14. Ad Hoc Committee on Conventions

Experience over recent years has confirmed CDA's Annual Dental Meeting as an important vehicle in meeting the continuing education needs and requirements of the profession. The General Chairman of Conventions has recommended to Executive Council the establishment of an Ad Hoc Committee to review the future of this program. This matter will be considered at the Planning Session.

15. Honors and Awards

- **Honorary Membership**

The annual nominations for honorary membership were reviewed by Executive Council, along with recommendations from the Committee on Nominations and

Awards. Honorary membership in the Canadian Dental Association has been conferred on Dr. Ralph Brooke of London, Ontario and Dr. Ron Markey of Vancouver, B.C.

- Distinguished Service Award

Nominations for the Distinguished Service Award and recommendations from the Committee on Nominations and Awards were reviewed by Executive Council. The Distinguished Service Award has been granted to Dr. Gordon Thompson of Edmonton, Alberta and Dr. Roy Thordarson of Vancouver, British Columbia.

- CDA Award of Merit

The Award of Merit has been granted to Dr. Guy Maranda of Ste-Foy, Quebec and Dr. Ian Vogan of Halifax, Nova Scotia.

- Certificate of Merit/Letter of Appreciation

Certificates of Merit have been awarded to:

Dr. Marco Chiarot, Charlotte, North Carolina
Dr. Blake Creaser, New Germany, Nova Scotia
Dr. John Dillon, Winnipeg, Manitoba
Dr. Keven Hockley, Windsor, Ontario
Dr. John McComb, Toronto, Ontario
Dr. Al LaBounty, Kelowna, British Columbia
Dr. Robert Murray, Moncton, New Brunswick
Mrs. Marlane Paquin, Vancouver, British Columbia
Dr. Colin Price, Vancouver, British Columbia
Dr. Peter Pronych, Halifax, Nova Scotia
Dr. Richard Roydhouse, Vancouver, British Columbia
Dr. Robert Sandercock, Peace River, Alberta
Dr. William Sanders, Montreal, Quebec

Letters of appreciation from the CDA President have been forwarded to:

Dr. Paul Germain, Verdun, Quebec
Dr. Robert Turcotte, Saint John, New Brunswick
Dr. Robert Salois, Sherbrooke, Quebec
Dr. Paul Castonguay, Grand Sault, New Brunswick
Dr. John Phillips, Oshawa, Ontario
Dr. Dennis Wells, Ottawa, Ontario
Dr. Michael Wainwright, Vancouver, British Columbia
Dr. Neil Farrell, London, Ontario
Dr. Mahnaz Fatahzadeh, Vancouver, British Columbia
Dr. Ron Fisher, Town of Mount Royal, Quebec
Dr. Garry Lunn, Vancouver, British Columbia
Dr. Don MacFarlane, Vancouver, British Columbia
Dr. Gary Austman, Steinbach, Manitoba
Dr. Ian Bennett, Vancouver, British Columbia
Dr. Brad Chapple, Port Hope, Ontario
Dr. Timothy Comishin, Kimberley, British Columbia
Dr. Barry Dolman, Montreal, Quebec

Further information is contained in the report of the Committee on Nominations and Awards. The Awards Luncheon will be held in conjunction with the Annual Meeting on Sunday, October 2, 1994.

The Executive Council extends sincere congratulations to all 1994 recipients of Honors and Awards.

16. 1994 Annual Meeting - Vancouver, British Columbia

The 1994 Annual Meeting of the CDA Board of Governors will be held on Sunday, October 2. The President's Dinner will take place on Saturday evening, October 1. As indicated in the report of the Management Committee, CDA is pleased to welcome Warner-Lambert Canada Inc. as the official sponsor of the CDA President's Dinner.

17. Review of Council/Committee Chairpersons and Executive Liaisons

At the Executive Council meeting immediately following each Annual Meeting of the CDA Board of Governors, presidential appointments of council/committee chairpersons and executive liaisons are made. A list of current council/committee chairperson and executive liaisons were reviewed by Executive Council and appropriate input was provided for consideration with regard to appointments for 1994-95.

18. President's Activities

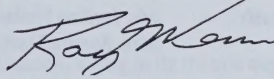
The schedule of activities of the President to date is appended for information.

APPENDIX IX

19. Council/Commission/Committee Reports

Executive Council has reviewed council/commission/committee reports as appended, and other matters requiring Board action follow therein.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read 'Ray Wenn', is written over the typed name.

Raymond Wenn, D.D.S.
Chairman, Executive Council

FILING OF REPORT

The Board of Governors accepts with appreciation the report of Executive Council.

**EXECUTIVE COUNCIL
(ADDENDUM)**

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Raymond Wenn, Charlottetown - Chairman
Dr. Bryun Sigfstead, Edmonton
Dr. James Brookfield, Kirkland Lake
Dr. John Diggins, Vancouver
Dr. Barry Dolman, Montréal
Dr. Toby Gushue, St. John's
Dr. Richard Sandilands, Edmonton
Dr. David Somer, Hamilton
Dr. Bernie White, Saskatoon

Senior Staff: Mr. Jardine Neilson, Executive Director
Mrs. Sandra Davis, Manager, Corporate Affairs

Coordinator: Mrs. Suzanne Burton

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. **Resolution of Outstanding Issues - Decision of the Court of Appeal for Ontario**

The following information is an addendum to the Executive Council Report to the 1994 Annual Meeting. It provides an update to the material outlined in item 7 - **Resolution of Outstanding Issues - Decision of the Court of Appeal for Ontario**.

On September 8, the Executive Council met by conference call to consider a report on the results of negotiations with Guardian Insurance on the recovery of reimbursement of CDA Legal Costs. Based on the information provided, and previous advice from CDA legal counsel, Claude Thomson, Council agreed that \$100,000 of the monies previously paid by Guardian to cover CDA litigation costs be reimbursed. Settlement of this matter is warranted to shelter the Plans and CDA from further litigation which would have a detrimental effect on both.

The issue of CDA liability insurance will be further discussed at the next meeting of Executive Council, following the Annual Meeting of the Board of Governors.

**EXECUTIVE COUNCIL
(ADDENDUM)**

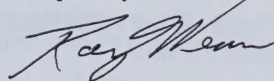
- 2 -

The Appeal Court for Ontario approved settlement of costs in this matter, entitling CDA, at its election, to receive a portion of its costs from CDIP surplus funds to a maximum amount of \$170,000. The Executive Council, acting as trustees of CDIP surplus funds, has determined that it is appropriate that the sum of \$100,000 to be settled on the Guardian Insurance Company be paid from CDIP surplus funds, as part of the \$170,000 allowed to CDA. The trustees also found that it was appropriate to reimburse the CDA from the settlement funds allowed, in the amount of \$70,000, to cover a portion of its litigation costs. Appendix IV (Revised) presents CDA total legal expenses to September, 1994, and all offsetting revenue received.

APPENDIX IV - REVISED

The foregoing outlines the intent of the Executive Council, acting in its trustee capacity. Its decision, as trustees, will be taken at the October 4 meeting of Council.

Respectfully submitted.



Raymond Wenn, D.D.S.
Chairman, Executive Council

FILING OF REPORT

The Board of Governors accepts with appreciation the report of Executive Council.

Clarke
Henning
& Co.

APPENDIX I

10 Bay Street, Suite 801
Toronto, Ontario
Canada M5J 2R8
Tel: (416) 364-4421
Fax: (416) 367-8032

March 15, 1994

Mr. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
M1G 3Y6

Dear Mr. Neilson:

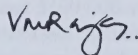
CANADIAN DENTISTS' INSURANCE PROGRAM ("CDIP")

We enclose herewith the following:

1. Five bound and one stapled copies of the financial statements of CDIP for the year ended December 31, 1993.
2. Our comments on CDIP financial statements for your information.

If you have any questions in connection with the financial statements or would like us to attend any meeting to discuss the same, please do not hesitate to contact us.

Yours very truly
CLARKE HENNING & CO.



V.M. Raja, Partner

Encl.

cc: Mr. K.D. Butler, C.A.
Executive Vice-President, CDSPI

08006.enc

CANADIAN DENTISTS' INSURANCE PROGRAM ("CDIP")

COMMENTS ON FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1993

Our following comments on the financial statements, while not exhaustive, may be of interest and assistance to you. It should be noted that these financial statements are for the administration of the insurance program only and do not include information in connection with the plan surplus and reserves, accounting for which is provided by the actuaries.

AUDITORS' REPORT (page 1)

An unqualified audit report has been issued on the CDIP financial statements.

BALANCE SHEET (page 2)

Cash and short term investment have decreased by approximately \$500,000 when compared to 1992 due to timing differences in billings and collections of insurance premiums from members.

Deferred income being premiums received from members in advance of due date is decreased by \$386,415 when compared to 1992 for the same reason as stated above.

Accounts receivable are minor adjustments and amounts due from dentists for billings rendered.

Accounts payable are to CDSPI for their fees not withdrawn at year end, provincial governments for PST collected on premiums received from members as well as GST payable to Revenue Canada.

Premiums payable are amounts due to insurance company for amounts collected from dentists at year end.

STATEMENT OF OPERATIONS (page 3)

All premiums are substantially the same when compared to last year. The decrease in gross premium was mainly due to decrease in participation in the long term disability program.

With the introduction of triple guard insurance, a lot of dentists took advantage of the plan and converted from office contents, practice interruption and general liability to the new program which is at a lower premium.

Collection and administration fee to CDSPI represent 15% of premiums paid to insurers as per the administration agreement.

STATEMENT OF CHANGES IN FINANCIAL POSITION (page 4)

This statement shows the actual cash flows of the CDIP activity and reconciles to the cash and short term investment at the end of the year.

NOTE TO FINANCIAL STATEMENTS (page 5)

The note is self-explanatory.

**CANADIAN DENTISTS'
INSURANCE PROGRAM
FINANCIAL STATEMENTS**

Years Ended December 31, 1993 and 1992

Auditors' Report	Page 1
Balance Sheet	2
Statement of Operations	3
Statement of Changes in Financial Position	4
Note to the Financial Statements	5

AUDITORS' REPORT

TO THE BOARD OF GOVERNORS OF CANADIAN DENTAL ASSOCIATION

We have audited the balance sheets of Canadian Dentists' Insurance Program as at December 31, 1993 and 1992 and the statements of operations and changes in financial position for the years then ended. These financial statements are the responsibility of the Program's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Program as at December 31, 1993 and 1992 and the results of its operations and the changes in its financial position for the years then ended in accordance with generally accepted accounting principles.

Clarke Henning & Co.
CHARTERED ACCOUNTANTS

Toronto, Ontario
January 31, 1994

CANADIAN DENTISTS' INSURANCE PROGRAM

BALANCE SHEET

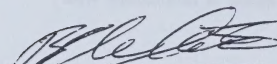
As at December 31, 1993 and 1992

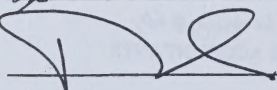
	1993	1992
ASSETS		
Cash and short term investment	\$6,337,157	\$6,852,985
Sundry receivable	3,559	11,454
	6,340,716	6,864,439

LIABILITIES

Deferred income (premiums received from members in advance of due date)	5,968,397	6,354,810
Premiums payable	82,844	361,020
Accounts and sales taxes payable	289,475	148,609
	\$6,340,716	\$6,864,439

Approved on behalf of the Board of Governors
of Canadian Dental Association:

 Governor

 Governor

CANADIAN DENTISTS' INSURANCE PROGRAM

STATEMENT OF OPERATIONS

Years ended December 31, 1993 and 1992

	1993	1992
Insurance premiums - gross		
Basic life	\$ 4,819,422	\$ 4,860,773
Dependents' life	426,454	416,214
Accidental death and dismemberment	426,063	374,000
Dependents' accidental death and dismemberment	27,096	23,241
Long term disability	10,422,359	11,516,942
Office overhead	3,043,113	3,016,764
Office contents	605,978	2,208,750
Practice interruption	132,332	726,852
General liability	316,268	753,659
Malpractice	3,565,938	3,510,416
Dentists' staff plan	211,237	198,913
Personal umbrella liability plan	80,572	79,564
Data Processing	6,250	-
Tripleguard	2,391,777	-
	26,474,859	27,686,088
Insurance premiums to insurers	23,021,618	24,074,859
Balance, representing collection and administration fee to Canadian Dental Service Plans Inc.	\$ 3,453,241	\$ 3,611,229

CANADIAN DENTISTS' INSURANCE PROGRAM

STATEMENT OF CHANGES IN FINANCIAL POSITION

Years ended December 31, 1993 and 1992

	1993	1992
Cash provided by (used for)		
Operating activities		
Insurance premiums received, net of refunds and provincial taxes	\$26,096,341	\$32,960,280
Net premiums paid to insurers	(23,299,794)	(23,731,634)
Payments to Canadian Dental Service Plans Inc. on account of collection and administration fee	(3,453,241)	(3,611,229)
	(656,694)	5,617,417
Change in non-cash working capital balances		
Accounts payable	140,866	138,694
Change in cash and short term investment during the year	(515,828)	5,756,111
Cash and short term investment - at beginning of year	6,852,985	1,096,874
Cash and short term investment - at end of year	\$ 6,337,157	\$ 6,852,985

CANADIAN DENTISTS' INSURANCE PROGRAM

NOTE TO FINANCIAL STATEMENTS

Years ended December 31, 1993 and 1992

General

Canadian Dentists' Insurance Program offers group life, disability and other insurance to members of the Canadian dental profession, their families and employees. The program is unincorporated and operates under the authority of a participation agreement between Canadian Dental Association and the dental associations of the individual Canadian provinces.

Canadian Dental Association has entered into an agreement with Canadian Dental Services Plans Inc. whereby the latter provides collection and administration services to Canadian Dentists' Insurance Program for a fee which is calculated as 15% of the premiums paid to insurers under the program.

These financial statements are prepared on a going concern basis and present the financial position and results of operations of the Canadian Dentists' Insurance Program. They do not include any assets, liabilities, income or expense of Canadian Dental Association, Canadian Dental Service Plans Inc. or any provincial dental association. These financial statements are prepared to assist the Canadian Dental Association and others in reviewing the activities (accounting for premiums collected and remitted to insurers and fees paid to CDSPI) of the Program for the fiscal period but they do not portray the funding requirements of the insurance policy premiums and reserves or the resulting surplus and/or deficit for each of the insurance plans.

LOANS FROM LIFE PLAN SURPLUS TO DISABILITY PLAN

OUTSTANDING LOAN BALANCES

	DATE	AMOUNT	TOTAL OUTSTANDING
Draws on Life Surplus:	Dec. 31, 1989	\$885,908	\$ 885,908
	Dec. 31, 1990	\$167,288	\$1,053,196
	Dec. 31, 1991	\$138,388	\$1,191,584
	Jan. 1, 1992	\$268,214	\$1,459,798

REPAYMENTS AND INTEREST CALCULATIONS

DATE OF REPAYMENT	AMOUNT OF REPAYMENT	BALANCE OUTSTANDING	PERIOD OUTSTANDING	NO. OF DAYS IN PERIOD*	INTEREST
		\$ 885,908	Jan. 1/90 - Dec.31/90	365	\$ 79,510
		\$1,053,196	Jan. 1/91 - Dec. 30/91	364	\$ 94,265
		\$1,191,584	Dec. 31/91 - Jan. 1/92	1	\$ 293
		\$1,459,798	Jan. 1/92 - Apr. 21/92	112	\$ 40,093
Apr. 21/92	\$182,640	\$1,277,158	Apr. 22/92 - Jun 25/92	65	\$ 20,357
Jun. 25/92	\$ 71,143	\$1,206,015	Jun. 26/92 - Sep. 10/92	77	\$ 22,772
Sep. 10/92	\$ 66,949	\$1,139,066	Sep. 11/92 - Dec. 14/92	95	\$ 26,535
Dec. 14/92	\$ 59,877	\$1,079,189	Dec. 15/92 - Dec. 31/92	17	\$ 4,499
		\$1,079,189	Jan. 1/93 - Mar. 9/93	68	\$ 18,045
Mar. 9/93	\$157,609	\$ 921,580	Mar. 10/93 - Mar. 25/93	16	\$ 3,626
Mar. 25/93	\$650,000	\$ 271,580	Mar. 26/93 - Jun. 8/93	75	\$ 5,008
Jun. 8/93	\$ 69,396	\$ 202,184	Jun. 9/93 - Sep. 8/93	92	\$ 4,574
Sep. 8/93	\$ 68,125	\$ 134,059	Sep. 9/93 - Dec. 8/93	91	\$ 3,000
Dec. 8/93	\$ 25,208	\$ 108,851	Dec. 9/93 - Jan. 1/94	24	\$ 642
Jan. 1/94	\$108,851	0			\$323,219
* 1992 - 366 DAYS, 1993 - 365 DAYS					

Fasken Campbell Godfrey

BARRISTERS AND SOLICITORS

J.S. Leon
Direct Line: 868-3420
File No. 3300328/0046

April 25, 1994

BY FAX

Mr. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista
Ottawa, Ontario
K1G 3Y6

Mr. Kingsley Butler
Canadian Dental Service Plans Inc.
100 Consilium Place
Suite 710
Scarborough, Ontario
M1H 3G8

Dear Sirs:

Re: CDA Appeal

As you know, the Court of Appeal recently released its appeal decision which in most respects overturned the judgment of Mr. Justice McKeown. The Court of Appeal deferred dealing with the issues of costs of the appeal proceeding and QDSA's cross-appeal respecting the costs order made by Mr. Justice McKeown in order to provide counsel with an opportunity to attempt to reach agreement on these matters, failing which the Court will receive written submissions from counsel. We are writing at this time to summarize the substance and effect of the Court of Appeal's decision and to provide our recommendation with respect to the issue of costs. These matters will be dealt with in turn, below.

Court of Appeal's Decision

As you will recall, Mr. Justice McKeown had held that the Executive Council of CDA should have, on a regular or possibly annual basis, distributed the life plan surplus funds that existed from time to time back to the participants who created the surplus on a *pro rata* basis. As such, Mr. Justice McKeown further held that the uses made of

APPENDIX III

Toronto

Toronto Dominion Bank Tower
P.O. Box 20
Toronto-Dominion Centre
Toronto, Canada M5K 1N6

Telephone 416/366-8381
Facsimile 416/364-7813
416/362-2381

Fasken Martineau

Toronto
416/366-8381
Montreal
514/397-7400
Quebec
418/640-2000
Vancouver (Affiliated)
604/687-9444
London
715/29-2894
Brussels
2/843-9798

the surplus funds by the Executive Council were not consistent with those parameters, as the uses were not sufficiently timely and were not made on an appropriately *pro rata* basis. Mr. Justice McKeown then ordered that a further proceeding, a Reference, take place before a Master to determine the precise amounts repayable to individual participating members.

The Court of Appeal disagreed with Mr. Justice McKeown's determination of the Executive Council's obligation respecting surplus funds. Rather, in large part the Court of Appeal accepted CDA's position. The Court of Appeal held that the trust obligation of the Executive Council of CDA with respect to surplus funds was to use (as opposed to distribute) the surplus funds which have arisen under an insurance plan in ways which benefit that particular plan and its members. The benefits need not be conferred upon members on a *pro rata* basis as long as a given use of the surplus funds benefits, either directly or indirectly, the participants of that particular plan which generated the surplus. That is, the Court of Appeal determined that surplus funds which have arisen under one plan, such as the life insurance plan, cannot be used to benefit another plan, such as the disability plans. With respect to timing, the Court of Appeal found that the surplus funds should be used within a reasonable time. The Court of Appeal did not define "reasonable time", but provided some indication as to its effective meaning in its consideration of specific uses of surplus funds, which are described below.

The Court of Appeal applied these parameters in assessing the appropriateness of past uses of life insurance plan surplus funds. The following is a summary of the Court of Appeal's assessment of the past uses:

- Graduate Subsidy: The Court of Appeal found that this was an appropriate use of surplus funds.
- Male/Female Premium Rate Differential: The Court of Appeal noted that all provincial co-sponsors, except QDSA, were content with this use of surplus funds. The Court further noted that the benefits were conferred upon the participants of the plan which generated the surplus funds (ie. the life insurance plan). Accordingly, the Court held that the requirements of the by-laws and participation agreements had been met, and therefore this was an appropriate use of surplus funds.

- Non-Smoker Premium Discount: The Court observed that this use of surplus funds was of the same nature as the male/female rate differential, and accordingly found it to be an appropriate use of surplus funds for the same reasons.
- Benefit Improvements: The Court found that no surplus funds were used to effect these benefit improvements, and thus it did not need to address this use.
- Premium Discounts (1987-1990): The Court found that QDSA's complaint was not that surplus funds had been used for this purpose, but rather that if the surplus funds had been used sooner, a greater portion of these surplus funds would have gone to the benefit of those participants who paid the premiums that generated the surplus funds in the first place. The Court found that this use of surplus funds was acceptable on the basis that QDSA had agreed to it. The Court did not comment one way or the other as to whether it felt this use of surplus funds met the requirements of the Executive Council's trust obligation but the Court stated expressly that QDSA was correct in arguing that *the funds should have been used sooner*.
- Loan to Disability Plans: The Court found this use of surplus funds to be *improper* on the basis that surplus funds which arose under one plan (the life insurance plan) were being used for the benefit of another plan (the disability plans). The Court found that this resulted in two problems in connection with the loan: (1) the loss of interest for the benefit of the life insurance plan and participants which the surplus funds otherwise could have earned if they had not been lent to the disability plans, and (2) the resulting excessive delay in using these surplus funds in a proper manner. The Court ordered that the loaned funds be repaid to the life insurance plan forthwith, with interest.
- Contingency Reserve Fund: The Court observed that this fund was set up, pursuant to professional advice, as a means of stabilizing premium rates, and that there was no basis in the evidence to find that this advice was unsound or that the fund had not served a useful function for the benefit of the participants of the life insurance plan.

Accordingly, the Court held that this was not an improper use and that it need not be discontinued.

Since the Court of Appeal's decision does not require that any money be repaid to individual members, the Reference hearing which had been ordered by Mr. Justice McKeown will not be necessary.

It must be noted that there remains some uncertainty regarding certain issues which arose through the course of the legal proceeding but which the Court of Appeal did not address. These issues are the following:

- Pre-CDIP Surplus Funds: You will recall that approximately \$600,000 of surplus funds which had accumulated under the predecessor insurance program were transferred into CDIP upon its creation in 1977. The Court made no mention of how, if at all, these previously-accrued surplus funds are affected by its judgment. Given that these surplus funds accumulated prior to the documents which established the Executive Council's particular obligation in question, it is arguable that these funds are not subject to the trust obligation, as found by the Court, which applies to surplus funds which accumulated after the creation of CDIP. However, in our view it is preferable to take the conservative position that these funds should be treated in the same manner as the balance of the surplus funds.
- Marketing Plan: You will recall that QDSA had alleged that CDA had used \$96,000 for a marketing plan, but we were unable to find any evidence or indication of any such use ever having been made. Mr. Justice McKeown stated at page 31 of his Reasons for Judgment that if surplus funds were used in this manner, it was not an appropriate use, but the formal judgment did not address this use of surplus funds. The Court of Appeal made no reference to this issue. For certainty, it may be appropriate to ask the Court of Appeal to confirm that this use did not occur.
- Uses of Disability Plans' Surplus Funds: The substantial portion of the evidence before the Court dealt with uses of

surplus funds which had accumulated under the life plan. There was, however, some evidence respecting the use of surplus funds which had arisen under the disability plans, specifically paragraphs 25 and 62 of Dr. Markey's affidavit. In brief that evidence stated that approximately \$3 million had previously accumulated under the disability plans and that by the time of the Court application those funds had been used in the following three ways:

- (1) disability insurance premium subsidies to prevent increases in premiums which the carrier was requiring in the latter half of the 1980's;
- (2) a small portion was used for the subsidized graduate package; and
- (3) approximately \$1.2 million was used to establish a guaranteed policy conversion reserve fund for the disability plans.

Neither Mr. Justice McKeown nor the Court of Appeal addressed these uses of the disability plans' surplus funds *per se*. However, both did address the first two uses - premium subsidies and the graduate package - in the context of the life plan surplus funds. Given that the same documents, which were the basis of the Court of Appeal's determinations respecting the uses of life plan surplus funds, apply to the disability plans' surplus funds, it would stand to reason that the Court's assessment of the use of life plan surplus funds for these two uses, described above, would apply equally to the disability plans.

The third use - the guaranteed policy conversion reserve fund - is more complicated. This use also was not specifically addressed by either Court. As you will recall, however, in the context of analyzing the transfer of \$1.2 million of surplus funds to the pre-funded rate stabilization reserve for the disability plans in 1992, Mr. Justice McKeown stated at page 31 of his Reasons that these funds had arisen under the life plan. He then held that this was an improper use of the life plan surplus funds. As you know, Mr. Justice McKeown was mistaken; in fact, the \$1.2 million had previously constituted the disability plans' guaranteed policy conversion reserve

fund which comprised surplus funds which had accumulated under the disability plans.

The formal judgment of McKeown, J. (as opposed to his Reasons for Judgment) did not refer to either the guaranteed policy conversion reserve fund or the transfer of such funds to Prudential's pre-funded rate stabilization reserve, and the Court of Appeal made no reference to either of those uses in its Reasons. We think that both the guaranteed policy conversion reserve fund and its transfer to the pre-funded rate stabilization reserve can be considered to comply with the requirements of the Executive Council's obligation, as found by the Court of Appeal. Nevertheless, for the sake of certainty, and caution, it may be appropriate to ask the Court of Appeal to confirm that these uses of surplus funds were proper.

1989 Amended Participation Agreement: The Court of Appeal's analysis and determination of the Executive Council's obligation was based upon the original form of participation agreement. Although the Court of Appeal noted at page 10 of its Reasons that the surplus funds clause of the participation agreement was amended in 1989, the Court of Appeal did not state what effect that amendment has upon the Executive Council's obligation with respect to new surplus funds. Similarly, the Court of Appeal made no mention of the effect of the declarations of trust, which were executed in the later years. The implications of these omissions are discussed in the section below.

Effect of Decision Upon Ongoing Administration of Surplus Funds

Surplus funds which arose from 1977 to 1985 are clearly subject to the trust obligation as determined by the Court of Appeal, described above. In this regard, it is important to note that in the context of the premium discounts and the loan to disability plans, the Court of Appeal stated that the surplus funds should have been used earlier. As such, it is our view that in order to comply with the Court of Appeal's decision, any previously-accumulated surplus funds which have not yet been used should be used immediately. Such funds may be used in any of the ways which were approved by the Court, as described above, or in any other manner which benefits the plans in which they arose and the participants therein. (In this regard, this will confirm that we are not referring to any funds which

constitute a rate stabilization reserve, which we understand do not fall within the category of "surplus funds".)

Since the Court of Appeal did not analyze the current form of participation agreement, the precise obligation of the Executive Council with respect to any new surplus funds which may have arisen since 1990, or which may arise in the future, is not clear. As such, the most prudent course of conduct would be for new surplus funds to be used in accordance with the obligation as found by the Court under the original documents, described above. If that would not be satisfactory to CDA, then it may be possible to seek clarification from the Court with respect to the current documents and new surplus funds. Alternatively, or if the Court were to hold that post-1989 surplus funds are subject to the same obligation as previous surplus funds but CDA wished to effect uses that do not comply with that obligation, then CDA's option would be to amend its by-laws and/or participation agreements accordingly.

Two other factors which could affect the ongoing administration of the surplus funds but which cannot yet be clarified are the QDSA action and the possibility that QDSA may seek leave to appeal the Court of Appeal's decision to the Supreme Court of Canada. First, you will recall that the parties agreed to stay the QDSA action pending determination of the legal issues in the application proceeding. Given that the Court of Appeal held that CDA did not commit any breach of duty in its uses of surplus funds (with the exception of the loan to disability plans, which the Court of Appeal specifically stated will be remedied by repayment of the loan with interest), it is our view that the fundamental issues of liability raised in the QDSA action have been determined, and thus that action should now be considered foreclosed. However, QDSA's counsel, Mr. Migicovsky, has informed us that in his view the issue of liability to QDSA and individual dentists for the delay in distributing the surplus funds was not resolved by the Court of Appeal and remains outstanding in the QDSA action. A further application to the Court to deal with this issue may be required.

Secondly, with respect to the leave application, a party is entitled to commence an application for leave to appeal to the Supreme Court of Canada within sixty days after the date of the decision. Mr. Migicovsky has informed us that QDSA is still considering whether to seek leave to appeal, and he will advise us once a decision has been made. We sense that the decision on both of these issues may be influenced by the position we take on costs of the proceedings.

Costs

As you will recall, Mr. Justice McKeown accepted our submissions with respect to costs of the application, and ordered that there be no award of costs - ie. each party was to be responsible for its own costs. QDSA, which had sought an order that its costs be paid either by CDA or from the surplus funds on a solicitor-and-client scale, or alternatively on the lower party-and-party scale, cross-appealed Mr. Justice McKeown's costs order to the Court of Appeal. As mentioned above, the Court of Appeal has deferred ruling on both QDSA's costs appeal as well as on the issue of costs of the appeal proceeding.

QDSA has not yet informed us of the position which it will be taking with respect to costs, but Mr. Migicovsky, has informed us that he has recommended to QDSA that it propose to settle the issue of costs at both Court levels on the basis that both CDA's and QDSA's legal costs be reimbursed on a solicitor-and-client scale from the surplus funds. Alternatively, if that is not amenable to CDA, then Mr. Migicovsky is recommending that QDSA seek an order from the Court of Appeal that only QDSA's legal costs be reimbursed, on a solicitor-and-client scale, either from the surplus funds or from CDA, and that no costs should be payable to CDA.

While there is some possibility that the Court could award QDSA all or a part of its costs, we believe that the more reasonable outcome would be that QDSA should neither receive nor have to pay costs even though it was unsuccessful in the litigation. Beyond this, as described below, given that this case involved a trust fund, there is also some basis to support an order by the Court that all parties be reimbursed from the fund for all or part of their costs. However, we would only consider making such a proposal to QDSA as part of a larger agreement aimed at resolving all outstanding issues which would thereby alleviate the need to return to the Courts for determination of any further matters respecting surplus funds, such as those referred to above.

The general rule with respect to costs of a legal proceeding is that "costs follow the event" - i.e. generally, costs are awarded to the successful party. Where success can fairly be said to have been divided between the parties, then usually the Court will make no order as to costs; each party will be responsible for its own costs.

In the area of estates and trusts litigation, however, the Courts tend to apply a different general rule. In such litigation where parties are disputing the meaning and application of a will or trust documents in relation to a pool of funds or assets, it is not uncommon for the Court to

order that the costs of all parties be paid out of the fund or assets. The reasons for this practice are twofold. First, usually it is the testator or the settlors (i.e. those who created the trust in question) who have been the cause of the litigation (i.e. by having failed to clearly or legally adequately constitute the estate or trust). Secondly, where the circumstances lead reasonably to questioning an estate or trust-creating document, the Court considers itself responsible for ensuring, on behalf of society, that a will or trust document, which unlike a contract is usually a unilateral private document not reviewed by other parties at the time of its creation, is valid. Consequently, the Court is more inclined to remove the cost barrier from litigation so parties will not hesitate to bring an issue respecting the interpretation of a will or trust document to the Court for clarification and determination.

However, it should be noted that in recent years the Courts have been more open to making exceptions to that practice of awarding costs out of the estate or trust funds. Such exceptions to the general rule seem to be made where the Court feels that in given circumstances it would be inequitable to order payment of costs from the fund. For example, if such an order were to have the effect of penalizing one of the parties relative to the others, then the Court would be less inclined to make such an order. In addition, the Courts may be inclined to deviate from the general rule if the executor or trustee was considered by the Court to have gone too far beyond simply seeking advice from the Court, and rather seemed to be vigorously seeking to defend its own conduct and protect itself.

In this regard, the last sentence of page 26 of the Court of Appeal's Reasons must be noted. In the context of inviting counsel to attempt to resolve the matter of costs, or alternatively providing submissions to the Court, the Court stated that "in making such submissions, counsel should keep in mind the fact that CDA received sound legal advice to bring this application at least seven years ago and, even then, apparently nothing would have happened but for the initiative of QDSA in commencing action". While this sentence is somewhat cryptic in its meaning, one plausible interpretation is that the Court is suggesting that it certainly is not inclined at this point to award CDA its costs against QDSA, as the unsuccessful party. Beyond that, however, that sentence may also mean that the Court may be leaning toward making a costs order that would provide some reimbursement to QDSA for having prompted CDA to bring the application in accordance with the legal advice which its own counsel had previously provided. In this vein, the Court may also be suggesting that in its view, having regard to the existence of the QDSA action, CDA may have been seeking to defend its own conduct in bringing the application proceeding.

Applying the above considerations, it is our view that in the circumstances either an order that each party be responsible for its own costs or an order that each party be entitled to its costs from the fund, either on a solicitor-and-client scale or a party-and-party scale, can be reasonably justified. With respect to the former, it would be reasonable to argue that (a) QDSA is not reasonably entitled to its costs, given that its conduct gave rise to the need for litigation yet it ultimately was unsuccessful as its interpretation of the Executive Council's obligations was found to have been largely incorrect, and (b) the parties who would be prejudiced by such an order would be the individual participating members, who are the beneficiaries of the surplus funds and for whose best interests all the corporate parties to the litigation purported to advocate.

On the other hand, it could be reasonably argued in support of the latter position (i.e. costs from the fund to all parties) that, similar to estates and trusts litigation, the trust documents were less than clear and thus reasonably warranted an application to the Court for advice, guidance and direction, and that CDA and QDSA both played integral roles in assisting the Court in the determination of the issues for the ultimate benefit of CDIP.

The Court's acceptance of one or the other of those two positions may depend upon the extent, if any, to which the Court feels that QDSA is deserving of some reimbursement for having "prompted" the application proceeding, weighed against any reluctance which there may be on the part of the Court to in effect weaken CDIP and the participating members by depleting the surplus funds through a costs order.

As mentioned above, an alternative manner of dealing with this issue is to consider using the costs issue as a means of fully and finally settling all outstanding surplus funds issues with QDSA. That is, it may be in all parties' and CDIP's long-term best interest, both financially and otherwise, to consider paying QDSA a specific portion of its legal costs from the surplus funds in return for a settlement and confirming release of liability from any and all claims or potential claims which arguably may still be unresolved, such as certain uses of surplus funds which the Court of Appeal did not address, the leave motion, the QDSA action, etc.

Finally, one other factor which should be brought to your attention with respect to the issue of costs is the possibility that if the Court were to make an award of costs to CDA from the surplus funds, we expect that Guardian will take the position that it is entitled to a portion of any such award. As you will recall, the respective liability insurance policies of CDA and CDSPI require Guardian to conduct and finance the defence of any claims made against either organization. Unlike the QDSA action, of course, the

application proceeding did not constitute a defence to a claim against CDA or CDSPI. Nevertheless, Guardian was persuaded to agree to treat the application proceeding in part as an insurable claim under the policy for the purpose of reimbursement of litigation expenses incurred in bringing the application proceeding because the application had potential to substantially reduce and possibly terminate the matters in issue in the QDSA action, which did involve "claims", in part. In this context, Guardian, CDA and CDSPI agreed that the costs of the application proceeding would be shared equally as between Guardian on the one hand, and CDA and CDSPI on the other hand. A similar agreement was reached with Guardian with respect to the appeal proceeding, with the proviso that Guardian placed a cap on the portion which it would pay at the level of \$37,500.

If the Court were to order that all or some of CDA's costs are to be reimbursed from the surplus funds, we anticipate that Guardian will take the position that it is entitled to receive 50% of such reimbursement, in accordance with the spirit of the parties' above-noted agreement.

It should be noted that that position would be consistent with the law of subrogation which generally applies in the ordinary course of insurance law where an insurer has paid funds as coverage or litigation costs pursuant to an insurance policy. Therefore, this expected position of Guardian should be kept in mind, and it may have to be a matter of further negotiation with Guardian.

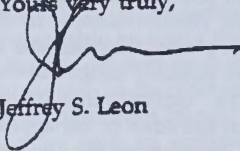
Depending upon the position which CDA ultimately wishes to take with respect to costs, it may be appropriate to place additional evidence before the Court respecting matters that could be relevant to the issue of costs, such as the current level of surplus funds, the number of participating members in CDIP who are members of QDSA, the status of QDSA's competing insurance plans (in the event that CDA were to take the position that any payment of costs out of the surplus funds could adversely affect the strength, stability and competitiveness of CDIP), and the fact that the loan to the disability plans had been, or was about to be, repaid at the time of the appeal hearing (which is relevant in responding to an anticipated assertion by QDSA that success on the appeal was divided between the parties).

Once you have had an opportunity to review this letter, please contact us to discuss your views, and specifically to provide instructions respecting CDA's position on the issue of costs. In this regard, please note that if the parties are unable to agree with respect to the disposition of costs, the Court of Appeal has requested that written submissions with respect to costs be provided by May 2, 1994. If this deadline cannot be met, then it will be necessary to seek an extension from the Court of Appeal.

Fasken Campbell Godfrey -12-

We look forward to hearing from you.

Yours very truly,


Jeffrey S. Leon

JSL/wv

APPENDIX IV REVISED

FINANCIAL ANALYSIS CDA/QDSA Layout and Appeal

REVENUE		EXPENSE	
	1993		QDSA
Guardian Insurance			1991
CDSPI	75,110.37	Festlen Campbell	6,863.59
Guardian Insurance	99,990.83	Festlen Campbell	33,014.43
	50,000.00	CDSPI	35,408.83
	1994		1992
Guardian Insurance	45,082.96	CDSPI	3,371.14
TOTAL REVENUE RECEIVED	270,193.96	Festlen Campbell	6,810.66
		Festlen Campbell	9,478.12
		Festlen Campbell	35,168.87
		Festlen Campbell	77,383.64
		Festlen Campbell	4,413.75
		Festlen Campbell	750.07
		Festlen Campbell	6,308.78
			1993
		Festlen Campbell	5,339.40
		Festlen Campbell	22,723.50
			1994
		Festlen Campbell	33,507.96
		Sub-Total	280,671.75
			CDA APPLICATION
			1993
		Festlen Campbell	41,880.67
		Festlen Campbell	24,385.50
		Festlen Campbell	3,300.00
		Festlen Campbell	2,085.93
		Festlen Campbell	1,600.00
		Festlen Campbell	29.34
		Festlen Campbell	1,000.00
		Festlen Campbell	3,078.91
		Sub-Total	77,120.35
			CDA APPEAL
			1993
		Festlen Campbell	13,300.00
		Festlen Campbell	1,021.97
		Festlen Campbell	137.03
		Festlen Campbell	1,600.00
		Holligan-Power	6,534.60
		McCarthy Tetsarut	2,800.00
			1994
		Festlen Campbell	917.45
		Sub-Total	28,511.05
		TOTAL LEGAL EXPENSES	386,303.15
NET EFFECT			
TOTAL LEGAL EXPENSE	386,303.15		
RECOVERED TO DATE	270,193.96		
DIFFERENCE	-116,109.19		
POTENTIAL SURPLUS FUNDS	170,000.00		
TO GUARDIAN	-100,000.00		
TO CDA	70,000.00		
NET REVENUE/(EXPENSE)	-46,109.19		

- NOTES:
- 1) There are other related expenses not included in this summary, such as bank charges.
 - 2) Applicable taxes (ie. \$28,977.00 of GST) are not included and it should be noted that CDA cannot recover through input tax credits 100% of the tax paid.
 - 3) Breakout of charges is based solely on the description used by the law firm on their invoices.

MEMORANDUM

TO: KINGSLEY BUTLER
FROM: BETH MOORE
RE: TRUSTEES' COMPENSATION
DATE: JUNE 9, 1994

CDA has asked whether it would be permissible for compensation to be paid to the Trustees of the CDA Life Insurance Plan Trust and the CDA Disability Insurance Plans Trust. I have reviewed the principles applicable to Trustees' compensation and have discussed the relevant issues with Claude Thomson and Peter Pliszka of Fasken Campbell Godfrey and have concluded as follows:

1. Trustees are permitted to reimburse themselves for out-of-pocket expenses incurred in performing their duties as trustees whether or not the trust document specifically provides for such reimbursement. Arrangements could therefore be put in place immediately for payment from the trusts of a portion of the costs incurred by the Executive Council members in attending meetings where trust matters are discussed. Any payment of meeting expenses would have to reflect the proportion of time spent at the meeting on trust matters as opposed to other CDA matters.

2. The issues relating to payment of compensation are more complex. Compensation may only be paid to Trustees if the trust document specifically provides for payment of compensation or if it is so ordered by the court. The documents creating the CDA trusts do not specifically provide for payment of compensation to the Trustees. Therefore court approval would be needed for any compensation to be paid from current surplus. While consideration could be given to amending the terms of the trusts in respect of future surplus there are a number of risks and complications involved in proceeding with an amendment without court approval. Obtaining court approval, either for payment of compensation or for the amendment of the terms of the trusts, could be a very expensive undertaking.

3. The Trustee Act (Ontario) provides in section 61(1) that a trustee is entitled to such fair and reasonable allowance for his care, pains and trouble, and his time expended in and about the estate, as may be allowed by the court. Any compensation paid to the Executive Council must, therefore, take into account the time and responsibility assumed by the Executive Council members in managing the surplus. In the circumstances it is unlikely that a court would award a large amount as compensation.

4. It is the Executive Council members, not the CDA, to whom the compensation must be paid, although the Executive Council members could agree to pay any compensation they were to receive to the CDA, possibly through a reduction of their CDA remuneration.

5. The complications and costs involved in obtaining court approval of an amendment to the terms of the trust, the likelihood of only a small amount of compensation being awarded and the risks of proceeding without court approval make it questionable whether it is worthwhile to pursue the issue of compensation further. The more prudent and cost effective approach may be to set that issue aside and to instead work out a reasonable arrangement for reimbursement of Trustees' expenses.

General Principles

Under English common law trustees were not permitted to claim compensation for their services unless such compensation was specifically provided for in the document which created the trust. In Canada the obvious hardships and inequities resulting from this legal principle were remedied by legislation. The Trustee Act of Ontario and the equivalent statutes of the other provinces provide that the court may award a trustee a fair and reasonable allowance for his care, pains and trouble and his time expended in and about the estate. The statutes also provide that this provision does not apply where the allowance is fixed by the document creating the trust.

Numerous cases have dealt with the issue of what constitutes a fair and reasonable allowance. The considerations to be taken into account in assessing what is fair and reasonable include the following five factors: the magnitude of the trust, the care and responsibility springing therefrom, the time occupied in performing the trust duties, the skill and ability displayed and the success which has attended the trustees' administration. While the courts have at times determined that an annual fee is appropriate it is more usual for a fee calculated as a percentage of the capital and income receipts and disbursements to be awarded. Under the current tariff guideline developed in 1975 by an informal committee of members of the bench, the bar and the trust company industry, the tariff is 2.5% of the income receipts and disbursements, 2.5% of the capital receipts and disbursements and .0040% of the average annual value of the trust (for continuing trusts) as a care and management fee. Judges generally use the tariff as a reference and then consider whether the particular circumstances justify a greater or lesser amount. A judgment issued in 1990 (Re Jeffery Estate) by the Ontario Surrogate Court set out a three-step process for determining compensation: (1) determine the compensation using the tariff guideline, (2) test the result against the five factors referred to above, and (3) determine whether further allowance should be made for a care and management fee because of special

circumstances.

Where the instrument creating the trust specifies the compensation to be paid the courts lack the jurisdiction to vary the amount or to award additional compensation.

The question of recovery of expenses is different. At common law trustees are entitled to be reimbursed for out-of-pocket expenses properly incurred by them in the performance of their duties and powers as trustees. Such expenses should be distinguished from expenses such as legal fees incurred in defending their actions as trustees from challenges by beneficiaries. Expenses of this nature are only recoverable if the court determines that recovery is appropriate. The type of expenses for which a trustee may claim reimbursement are the normal expenses involved in managing a trust such as accountants' and investment brokers' fees, legal fees associated with issues of day-to-day management and, where there are multiple trustees, the trustees' reasonable expenses in attending meetings of the trustees to discuss trust matters.

Application of Principles

Since out-of-pocket expenses of trustees are recoverable without court approval and whether or not the trust document provides for reimbursement, it would be appropriate for some portion of the costs of the Executive Council members incurred in attending meetings at which trust management issues are to be discussed to be paid from the trusts. The proportion of the costs to be paid would have to reflect the proportionate amount of time spent on trust matters at the particular meeting and would have to be determined on a meeting-by-meeting basis. Predetermining the percentage of expenses to be paid for each meeting attended or selecting a fixed amount to be paid per meeting per member would not be acceptable. Arrangements for this type of reimbursement could be put into effect as of the next Executive Council meeting at which trust matters are dealt with. Procedures for documenting the expenses would have to be worked out with the CDA.

Aside from expenses, any compensation to be payable to the members of the Executive Council must be determined on the basis of the principles described above. Leaving aside the litigation, the time spent by members of the Executive Council in administering the trusts has been fairly limited. Investment of the trust assets is handled by Prudential and preparation of the tax returns is looked after by Deloitte and Touche, with assistance from CDSPI. Preparation of the financial statements is carried out by Towers Perrin. These are all responsibilities normally assumed by the trustees. Payments of the accounts and coordination of the arrangements with the accountants, lawyers and consultants retained in connection with the management of the trusts is looked after by

CDSPI. The Executive Council members review and approve the financial statements and make decisions about how and when surplus held in the trusts is to be distributed. However, these decisions are based on recommendations developed by CDSPI and consultants retained by CDSPI. The future time commitment involved for Executive Council members is likely to be no more than a relatively small portion of two to three meetings per year, possibly with some preparation time for reviewing CDSPI's reports in advance of the meetings.

Since the trusts are relatively large and the issues relating to distribution of the trust assets are relatively complex, there is some basis for arguing that the responsibility assumed by the Executive Council members is significant even if the day-to-day workload is relatively light. This factor might help justify some increase in the compensation that might otherwise be awarded based strictly on the tasks undertaken. Nevertheless, it is difficult in the circumstances to justify more than a fairly small fee on the basis of the "care, pains and trouble, and the time expended in and about the estate" by the members of the Executive Council.

Provision for Compensation in the Trust Documents

As mentioned above, if the trust documents provide for compensation to be paid to the trustees the court has no jurisdiction either to award compensation or to interfere with the payment of compensation to the trustees. The Court of Appeal judgment does not specifically address the issue of what documents constituted the trusts. It refers to the provisions of the CDA By-laws which state that the Executive Council members have the responsibility of acting as trustees for all insurance, retention funds, surplus and reserve funds and determining the time and manner of distribution to members participating in the insurance plans. They also refer to the provisions of the participation agreements in considering what uses of the surplus funds are permissible. Since the declarations of trust were executed at the end of the period under consideration by the court, they were never considered to be constituting documents of the trusts; our position was always that they were executed to evidence existing trusts, not to create the trusts.

The judgment also failed to address who the "settlor" or creator of the trust was determined to be. While Mr. Justice McKeown stated that the plan participants were the settlors since their premium dollars funded the trusts, the Court of Appeal made no comment on the issue. While an inference could be drawn from the judgment that the CDA alone or the CDA and the provincial associations were the settlors since the terms of the trust are found in its By-laws and the participation agreements, a problem arises from the fact that the CDA and the provincial associations did not fund the trusts. It is probable that the Court of Appeal

avoided the issue because they did not have a clear answer to the question and felt that answering it was not necessary for the purpose of the judgment. The uncertainty around this issue complicates the issues relating to the possibility of amending the terms of the trusts to provide for payment of compensation in the future.

Under general trust law principles, a settlor may amend the terms of the trust if all of the trust beneficiaries consent. Where there are beneficiaries who are minors or are otherwise legally incapable of consenting, an application to vary the terms of the trust may be brought under the Variation of Trusts Act (Ontario). A variation will only be permitted under the Act if the court considers it to be for the benefit of the beneficiaries. No such restriction applies if the amendment is made by consent.

The Court of Appeal determined that the beneficiaries of the trusts were the plans and the current participants in those plans. It would be totally impractical to attempt to obtain the consents of all of the current plan participants to an amendment of the terms of the trusts to provide for compensation. Therefore, even if we were to conclude that the CDA alone or the CDA and the provincial associations were the settlors an amendment to the existing terms of the trust to provide for trustees' compensation could not be authorized by consent. An application to the court for a variation of trusts order could be applied for if we could establish that at least some plan participants were legally incapable of giving consent. (There are minors in the dependents' life plan and are probably a few very ill people on LTD claim or on waiver of premium under the life plan.) However, it would be very difficult to develop a convincing argument to the effect that permitting the trustees to pay themselves compensation was for the benefit of the beneficiaries.

Assuming that the trust documents cannot be amended to provide for trustees' fees to be paid from existing surplus a further question must be addressed. This question is whether the plan documents can be amended to deal with future surplus on the basis that a new trust for that surplus arises when the annual surplus is declared. Were this the case the CDA and the provincial associations could arguably amend the CDA By-laws and the participation agreements to provide that trustees' compensation could be paid from future surplus. No consent of the beneficiaries is required for the creation of a new trust so consent of the participants would not be required.

The main difficulty with this position is that it runs directly counter to the arguments put to the Court of Appeal and Mr. Justice McKeown by counsel for the CDA. It was argued with some vigour that the trusts are ongoing and that a new trust is not created on an annual basis. Since the amount of surplus declared in a particular year is partially dependent on factors relating to

preceding years, such as whether the rate stabilization reserve is fully funded and what claims from participants who joined the plan in prior years are experienced, it was argued that the trusts continue as long as the plans continue in existence. This argument was critical to the Court of Appeal's rejection of Mr. Justice McKeown's finding that annual distribution of all surplus accruing in that year was required. We would jeopardize our credibility if we were now to argue, in a different context, that each year's surplus creates a new trust for which different trust terms can be established.

Even if we were to conclude that the CDA is the settlor of the trusts and could amend the terms of the trusts by amending its By-laws, the issue of conflict of interest must be considered. If the CDA is to benefit, either directly or indirectly, from the allowance of compensation it will be benefiting itself by amending the terms of the trusts. In these circumstances it would be risky to proceed without court approval.

Court Approval Procedure

An application for court approval of payment of compensation to the trustees would be brought by the current Executive Council members, as trustees, under section 61 of the Trustee Act. The application would be heard by a judge of the Ontario Court (General Division). The material filed with the application would describe the duties and responsibilities of the trustees, the financial status of the trusts and the expenses of the trusts, including any existing or proposed arrangements for payment of the expenses of the Executive Council members. The application would include a request for a specific amount of compensation (which could involve an ongoing annual management fee) supported by submissions justifying the amount requested on the basis of the factors described above. Normally all beneficiaries of a trust would be served with notice of such an application; in this case the court would likely have to determine who should be served. Even if the application were to be unopposed the costs of putting the necessary material before the court and having oral submissions made at the hearing would be significant. Were the application to be opposed the costs would sky-rocket since we would then be involved with cross-examinations on affidavits and lengthy arguments.

If the court were to award an annual management fee or to establish a formula which could be used on an ongoing basis to determine compensation, this type of application could be determinative of the compensation issue for the duration of the trusts' existence. However, as discussed earlier, it is unlikely that the court would allow a large amount of compensation in the circumstances of this trust and it is quite conceivable that the court might award no compensation or only a very nominal fee. The

Management Committee and the CDA will have to determine whether it is wise to incur the costs of such an application, given its complexity and the probable results.

Payment of Fees

Any compensation payable must be paid to the trustees themselves, not to the CDA. The CDA By-laws provide that the remuneration of all Executive Council members shall be determined from time to time by resolution of the Board of Governors. Were compensation to be awarded to the trustees for their work in administering the trusts it might be possible for the remuneration paid to them by the CDA to be adjusted accordingly or for an agreement to be entered into between them and the CDA to the effect that they will pay over any compensation they receive to the CDA as reimbursement of a part of the remuneration authorized to be paid to them by the Board of Governors. Since they are already being remunerated under the CDA By-laws for their services in carrying out the duties assigned to them by the By-laws an argument could be made by someone opposing a court application for compensation that the intention when the By-laws were enacted and they were declared to be trustees of the surplus funds was that they would serve without compensation other than the remuneration authorized to be paid to them for their general services as Executive Council members.

Risk Factors

The litigation process over the past few years should have heightened everyone's awareness of the high level of scrutiny to which actions of trustees may be subjected. One of the stronger factors in support of the CDA's position has been that it has acted in good faith and has not, as an organization, received any benefit from the surplus. It was also suggested in the Court of Appeal judgment that the fact that the Executive Council members were volunteers (as opposed to professional trustees) was an ameliorating factor in determining what was a reasonable time for distributing surplus. Great care should be taken in implementing any arrangement which results in surplus funds being used for the benefit of the CDA as an organization or the Executive Council members as individuals, particularly if the arrangement is to be put in place without court approval.

RESOLUTION OF THE MANAGEMENT COMMITTEE OF
THE EXECUTIVE COUNCIL ON BEHALF OF THE
BOARD OF GOVERNORS OF
CANADIAN DENTAL ASSOCIATION

WHEREAS Canadian Dental Foundation, now Dentistry Canada Fund / Fonds dentaire canadien, and Canadian Fund for Dental Education have each administered certain Funds for the purposes and objects set forth in their respective founding documents.

AND WHEREAS it has been deemed in the best interests of both organizations that they should amalgamate their Funds and coordinate the administration thereof using, as the vehicle for that purpose, the existing corporate entity, namely Canadian Dental Foundation, but changing its name to Dentistry Canada Fund / Fonds dentaire canadien and amending its Articles to include the objects of the Canadian Fund for Dental Education so that the new objects of Dentistry Canada Fund / Fonds dentaire canadien are or will be as follows:

"The objects of the corporation are:

- (a) To create and operate a fund for the citizens of Canada to assist in the encouragement of optimal oral health in Canada through education, research and promotion.
- (b) To encourage the highest level of competence among Canadian dentists through the support of public research, lectures, seminars and other similar programs.
- (c) To assist in the growth, development and advancement of dental education and the elevation of the qualification of teaching personnel through teaching and management programs and lectures.
- (d) To assist meritorious and/or needy students by means of awards and fellowships through public advertisement and juried review panels as funds permit.
- (e) To support and maintain the Sydney Wood Bradley Memorial Library as a source and repository for material and data for research into and the conduct of the practice of dentistry.
- (f) To cooperate, assist and collaborate with other dental professional and dental industry organizations concerned with oral health care. Any such organizations receiving funds from the Dentistry Canada Fund / Fonds dentaire canadien must be qualified donees as the term is defined in the Income Tax Act of Canada.
- (g) To conduct educational programs for the public about the importance of optimal oral health and the means to attain and preserve it.

- (h) To solicit, receive and hold donations, gifts, devises and bequests for the objects of the corporation.
- (i) To utilize and distribute such money and property in the furtherance of the objects of the corporation."

AND WHEREAS in fulfilment of these objectives it is necessary for Canadian Fund for Dental Education to be dissolved and to liquidate its Funds pursuant to the authority of Article VIII of its By-Law which reads as follows:

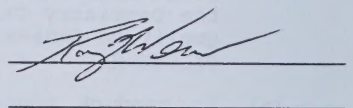
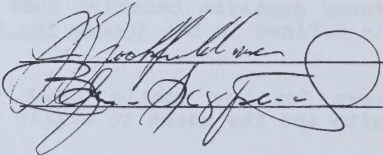
"In the event of liquidation and dissolution of the Canadian Fund for Dental Education, any properties, funds or monies or securities remaining in the treasury of, or the account of, or otherwise belonging to the Fund, shall be used by the Board of Trustees, first to pay any lawful debts of the Fund, and any sums thereafter remaining shall be transmitted to the Board of Governors of the Canadian Dental Association for disbursement by them in accordance with the term of the Trust Deed."

AND WHEREAS Canadian Fund for Dental Education has resolved to dissolve and to liquidate its assets accordingly.

AND WHEREAS the Board of Governors has resolved that to carry out the terms of the Trust it is appropriate that the amount remaining in the treasury or on account of or otherwise belonging to the Canadian Fund for Dental Education shall be transferred directly to Dentistry Canada Fund / Fonds dentaire canadien.

NOW THEREFORE BE IT RESOLVED that the Trustees of Canadian Fund for Dental Education be requested and directed to transmit any properties, funds, monies or securities remaining in its treasury, after payment of its lawful debts, directly to Dentistry Canada Fund / Fonds dentaire canadien and for so doing this shall be its good and sufficient authority and a discharge of its obligations under Article VIII of its By-Law.

THE FOREGOING RESOLUTION is hereby confirmed and consented to by the signatures of all of the members of the Board of Governors pursuant to the Corporations Act and By-Laws of the Corporation this 9th day of April, 1994, by the hands of all of the Members of the Management Committee of the Executive Council on behalf of the said Board.



**RESOLUTION OF THE EXECUTIVE COUNCIL
ON BEHALF OF THE BOARD OF GOVERNORS
OF THE CANADIAN DENTAL ASSOCIATION**

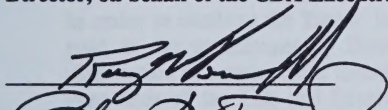
WHEREAS the Canadian Dental Foundation, now Dentistry Canada Fund/ Fonds dentaire canadien, and the Canadian Dental Association on behalf of the Grieve Memorial Lectureship Trust, the Canadian Dental Research Foundation and the Library Trust Fund, have each administered certain Funds for the purposes and objects set forth in the respective founding documents.

AND WHEREAS it has been deemed in the best interests of both organizations that these Funds be amalgamated and the administration thereof be coordinated using, as the vehicle for that purpose, the existing corporate entity, namely the Dentistry Canada Fund/Fonds dentaire canadien and such action having been approved by resolution 93.38 of the CDA Board of Governors.

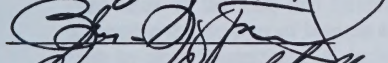
AND WHEREAS in fulfilment of these objectives it is necessary for the Grieve Memorial Lectureship Trust, the Canadian Dental Research Foundation and the Library Trust Fund to liquidate their respective Funds and to transmit them to the Dentistry Canada Fund/Fonds dentaire canadien.

NOW THEREFORE BE IT RESOLVED that all properties, funds, monies or securities remaining in the treasuries of the Grieve Memorial Lectureship Trust, and the Canadian Dental Research Foundation and the Library Trust Fund be transmitted to the Dentistry Canada Fund/Fonds dentaire canadien to be utilized as determined by the founding documents of these organizations.

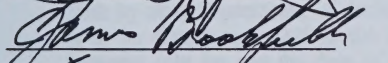
THE FOREGOING RESOLUTION is hereby confirmed and consented to by the signatures of all of the Members of the Canadian Dental Association Management Committee and its Executive Director, on behalf of the CDA Executive Council, this 13th day of September, 1994.



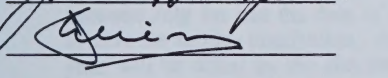
Ray Wenn, President



Bryun Sigfstead, President-elect



James Brookfield, Vice-President

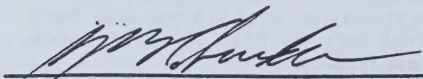


Jardine Neilson, Executive Director

January 11, 1994

CDA\CDSBC LETTER OF AGREEMENT
CDAnet REVENUE SHARING

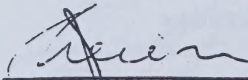
- 1) CDA will pay \$50,000 to CDSBC, which will entitle CDA to 50% ownership of the BC-developed software, henceforth to be known as CDA Claimsware.
 - a) CDA will undertake all responsibility, financial and otherwise, for the promotion and distribution of this software in jurisdictions outside of British Columbia.
 - b) CDA and CDSBC agree to share all revenue arising from all CDA Claimsware licensing fee revenue on a 50/50 basis.
 - i) Claims processors will be charged a minimum of \$8000 as a user licensing fee.
 - ii) A per capita user fee which is acceptable to CDA and CDSBC will be negotiated with provincial dental associations.
 - iii) Any changes to these licensing fees will require the mutual consent of the CDA and the CDSBC.
- 2) CDSBC agrees that all other expenses which it incurs in establishing CDAnet in BC are its sole responsibility.
- 3) CDA agrees to pay CDSBC 50% of CDA's share of BC claims revenues, on a monthly basis following receipt, net of CDA's prior obligations, until the CDA has received a total of \$225,000 from said BC claims revenue. From this point on, all BC-generated net claims revenue will be distributed between CDSBC and CDA on a 64%/36% basis, respectively.



G.R. Thordarson, DMD

Registrar/CEO

College of Dental Surgeons of BC



Jardine Neilson

Executive Director

Canadian Dental Association

May 5, 1994

Canadian Dental
Service Plans Inc.
100 Conzilium Place
Suite 770
Scarborough, Ontario
M1H 3G8

1-800-430-7901
APPENDIX VIII

1-800-581-9401
Service en français
1-800-665-9401

Mr. A. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

BY FAX

Dear Jardine:

RE: Change of Year Ends for CDIP Life and Disability plans

Further to my discussions with you on this subject we now present the following information in order to facilitate the necessary approval.

As you know, the CDIP Life and Disability Trusts must pay tax each year on the interest income earned by the Trusts the prior year. When interest rates have been higher and the funds larger, this has in some years been substantial. With the funds growing again it becomes an important topic to address. Beth Moore and I have been looking at ways to eliminate the tax paid by the Trusts by attributing the Trusts' income to the plans' participants. With the assistance of a tax lawyer from Fasken Campbell Godfrey as well as discussions with a large provincial professional association we have arrived at a solution.

This was presented to our Board of Directors' meeting on April 15th and 16th, 1994. The Board acting as the Council on Insurance and Investment approved the following motion for CDA consideration:

**"THAT THE CDIP LIFE AND DISABILITY PLAN YEAR ENDS BE
CHANGED FROM DECEMBER 31 TO JUNE 30 EFFECTIVE FOR
THE 1994 PLAN YEAR."**

In order to attribute the Trusts' income to the participants, the income must be actually paid to the participants by December 1st of the year in which it is earned. The distribution of surplus must therefore be made before December 1st. With the financial year ends of the Life and Disability plans changed to June 30th, we will be able to determine the amount of interest available for distribution and the interest earned to June 30th by early September. A decision will then have to be made as to how much surplus is to be distributed. All of the income earned to June 30th and the income accrued between July 1st and the date of distribution will be attributed to the participants who receive the surplus distribution. Any income accruing in the final few weeks of the Trust year will be offset by the distribution expenses which are deductible from the Trusts' income. In this way the Trusts will have no taxable income at their year ends and will therefore pay no tax.

continued....

- 2 -

May 5, 1994

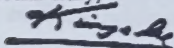
Mr. A. Jardine Neilson, CDA

T3 Supplementaries will be issued to the recipients of the income who must declare it on their tax returns. The Trusts pay no tax and the small amounts of income that are received by each of the participants will not be significant enough to have any great impact on their tax situation. We have hopes that when the income is distributed the Trusts can distribute some capital as well to make the refund a major marketing, high impact item and an additional reason for participating in the programs.

We would ask that CDA management approve this recommendation as soon as possible so that we can proceed accordingly for the 1994 year. If you have any questions in connection with this, either Beth or I can respond.

We look forward to your approval of this item.

Yours truly,



Kingsley D. Butler, C.A.
Executive Vice-President
Ext. #222

KDB/mav

neilson.4/management

SCHEDULE FOR DR. RAY WENN, PRESIDENT
CALENDRIER D'ACTIVITES POUR DOCTEUR RAY WENN, PRESIDENT

1993 - 1994

1993

September 11	Executive Council	Ottawa
September 14	University of Manitoba Opening Assembly (represented by Dr. Dillon)	Winnipeg
September 16	University of Montreal Welcome (represented by Dr. Albert)	Montreal
September 20	*Ottawa Dental Society (represented by Dr. Dolansky)	Ottawa
September 24	BC College Council	Vancouver
September 30	Dalhousie University Welcome	Halifax
October 1-3	Canadian Association of Dental Consultants	Halifax
October 12	McGill Welcome (represented by Dr. Crawford)	Montreal
October 13	Saskatchewan Welcome (represented by Dr. White)	Saskatoon
October 13	AGD/CDA Management	Ottawa
October 14	Management Committee	Val Morin
October 15-17	Executive Council Planning Session	Val Morin
October 18	ODA Executive Council	Toronto
October 21	*All Societies Meeting	Toronto
October 28	U. of Toronto Information Night (represented by Dr. Somer)	Toronto
November 6-11	American Dental Association Convention	San Francisco
November 12	Laval University Welcome (represented by Dr. Dolansky)	Quebec City
November 13	Dinner in honour of Gundega Kravis (represented by Mr. Henderson)	Ottawa

November 13,14	NDEB Annual Meeting (represented by Mr. Henderson)	Ottawa
November 24	CDA/CDSPI Management	Toronto
November 24	Retirement Dinner for Dr. Martinello	Edmonton
November 25	Toronto Academy of Dentistry Winter Clinic (represented by Dr. Brookfield)	Toronto
November 26, 27	ODA Board Meeting	Toronto
December 2	*Peterborough & District Societies	Peterborough
December 7	*Sudbury and District	Sudbury

1994

January 6,7	CDSBC/CU & C/MSA	Vancouver
January 27-29	Manitoba Dental Association	Winnipeg
February 2	Management Committee	Whistler
February 4,5	Pre-Board Executive Council	Whistler
February 17	UWO Student Information Night (represented by Dr. Somer)	London
March 3	Conference call, CDA/CDSPI Management	
March 11-13	ACFD Annual General Meeting (represented by Ms. Matheson)	Seattle
March 26	Dalhousie University Grad Dinner	Halifax
April 8	Management Committee	Ottawa
April 9	Interim Meeting, Board of Governors	Ottawa
April 11	Conference Call, FDI	
April 14	*Hamilton Academy of Dentistry	Hamilton
April 15	CDA/QDSA Management	Montreal

April 19	Conference Call FDI	
April 21-23	Ontario Dental Association Convention	Toronto
April 24,25	ODA Annual Board	Toronto
April 27	CDA/ADA Management Committees	Chicago
May 9	CDA Telemarketing	Ottawa
May 12-14	Newfoundland Dental Association	CornerBrook
May 16	FDI Council	London
May 26-28	Prince Edward Island Dental Association	Mill River
May 29-June 1	Alberta Dental Association	Banff
May 28 - June 1	Les Journées dentaires (represented by Dr. Brookfield)	Montreal
June 3	University of Western Ontario Grad (represented by Dr. Crawford)	London
June 3, 4	Nova Scotia Dental Association	Halifax
June 10,11	New Brunswick Dental Society Annual Mtg.	Saint John
June 10	University of Toronto Graduation (represented by Dr. Dolansky)	Toronto
June 16	CDHA Board Meeting (represented by Dr. White)	Saskatoon
June 16	CDA/CDSPI Management	Toronto
June 17-19	Canadian Association of Periodontology Annual Meeting	Halifax
June 23	Management Committee	Charlottetown
June 24-25	Pre-Board Executive Council	Charlottetown
July 29 - August 3	Academy of General Dentistry Annual Meeting	Indianapolis
August 4,5	CFDS DOTP Graduation	Borden

August 31	University of Toronto Welcome (represented by Dr. Crawford)	Toronto
September 8-10	Atlantic Provinces Dental Executives Meeting	Charlottetown
September 12	University of Manitoba Welcome (represented)	Winnipeg
September 13	University of Western Ontario Welcome (represented by Dr. Crawford)	London
September 15	Dalhousie University Welcome	Halifax
October 1	Management Committee	Vancouver
October 1	Management/Specialty Presidents	Vancouver
October 2	Annual Meeting, Board of Governors	Vancouver
October 2-8	Joint CDA/FDI Annual Congress	Vancouver

*: CDA/ODA Speakers' Tour

CDAnet COMMITTEE

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Bernie Dolansky, Ottawa - Chairman
Dr. Luc Dugal, Alberta
Dr. Jim Brass, British Columbia
Dr. Mac Balfour, Ontario
Dr. Bill Glave, Ontario
Dr. Don Gutkin, Manitoba/Saskatchewan
Dr. Alf Dean, Atlantic Provinces

Executive Liaison: Dr. John Diggins, Vancouver

Staff: Ms. Patricia Duminy
Ms. Susan Matheson

1. Committee Meeting

The CDAnet Committee has met once since the report to the 1994 Interim Board, on April 16, 1994.

ITEMS REQUIRING BOARD ACTION

2. CDAnetPLUS Subscription Fee

The CDAnet Committee together with the CDA Communications Steering Committee held a joint meeting on April 16, 1994. The subscription fee for CDAnet PLUS was discussed and it was decided that a fee differential of \$5.00 per month would be paid by CDA non-members. The subscription fee for members would be \$39.95 and \$44.95 for non CDA members.

RESOLVED:

94.63 **THAT the words "and \$5.00 more or \$44.95 per month for non members of CDA" be deleted from the following recommendation.**

DEFEATED

RESOLVED:

- 94.64 **THAT the additional fee for CDAnet PLUS Basic Services for non-members, as presented in the following recommendation, be changed from \$5.00 to \$10.00 per month.**

DEFEATED**RESOLVED:**

- 94.65 **THAT the fee for CDAnet PLUS Basic Services be \$39.95 per month for CDA members and \$5.00 more or \$44.95 per month for non members of CDA.**

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**

3. **Agreement between CDA, MSA and CU&C of British Columbia**

The agreement between CDA and the BC Not-For-Profit companies, MSA and CU&C was signed on May 23, 1994 with an effective date of March 15, 1994. Implementation of the agreement will take place in the period between May 23 and mid July 1994. It is expected that claims on this new system will start to flow sometime in the summer of 1994.

4. **CDAnet PLUS (CDAnet Value Added Services)**

The electronic highway has arrived for dentistry. As software vendors become certified for CDAnet PLUS, more and more dentists will be able to avail themselves of electronic services such as credit card draft capture, cheque verification and guarantee, as well as E-Mail based services. Feedback on CDAnet PLUS from dentists who have viewed the system has been very positive.

5. CDAnet Statistics

The number of dentists on CDAnet, per province as of July 1, 1994.

<u>Province</u>	<u>No. of Dentists</u>
Alberta	300
BC	380
Manitoba	143
New Brunswick	17
Nova Scotia	49
Newfoundland	33
N.W.T.	8
Ontario	1611
P.E.I.	1
Quebec	139
Saskatchewan	58
Yukon	0

TOTALS	2739

The amount of revenue received for the CDAnet project as of April 15, 1994 for Shared Health Network Services (SHNS) is \$88,370.02 and for National Data Corporation (NDC) the amount is \$79,875.75 for a total of \$168,245.77

6. CDAnet Certified Software Vendors

As of May 30, 1994, the following software companies have completed Certification with both networks and CDA:

Abel Computer Systems Ltd.	Alpha Bytes Computer Corp.
APG Computing Inc.	Autopia Computer Products
CDSPI	CLG Computer Consulting Inc.
Computer Station	Core Systems
Cortex Computer Systems	Dialog Medical Systems Inc.
DMS	Domtrak
Exan	Execu-dent
Genie (Ho & Assocs.)	Harr-Comm Technology
Lane Schumer & Assocs.	Logic Tech
Healthcare Communications	Maxim
Medical Dental Data Systems	Mercad International Ltd.
Mercedes Dental Software	Norburn
Pharmaid	Zadall Systems Group Inc.

7. **Insurer Participation and Status**

The following insurance companies are processing claims on a REAL TIME basis:

Sun Life	Canada Life
Great West Life	Mutual Life
Confederation Life	Aetna
National Life	Alberta School Employee Benefit Plan
Prudential Insurance of America	Maritime Life Assurance Company

The following companies are processing claims on a BATCH basis:

Metropolitan Life	Manulife	Ontario Blue Cross
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8. **Meeting with Claims Processors**

The Chairman continues to meet with the Claims Processor groups (ACE and Interassure) as required to discuss ongoing improvements to the system.

9. **CDAnet Management Committee**

The CDAnet Management Committee continues to meet to facilitate internal communications relating to CDAnet and CDAnet PLUS (Value Added Services). The Management Committee is made up of CDA staff from Communications, Administration and Professional Services Departments as the CDAnet project impact on these departments within CDA. This information is forwarded to the CDAnet Chairman, who attends when required, and CDAnet Committee members.

10. **Marketing Activities**

CDAnet continues to be marketed to Canadian dentists via journal advertisements, Communiqué articles and advertisements in provincial newsletters. The CDAnet booth is scheduled to be at the Nova Scotia Dental Meeting, Alberta Dental Meeting and the FDI meeting. CDAnet will be marketed at the CDA Booth at Journée Dentaire. The Committee is excited at the opportunity to provide information regarding electronic claims processing (CDAnet) to our colleagues around the world at the FDI Meeting in October.

The Committee established a marketing plan, with the assistance of the Member Services Manager, identifying the activities that will be developed over the next year to promote CDAnet and CDAnet PLUS. Activities planned include:

-
- advertising print materials
 - CDAnet PLUS logo
 - CDAnet PLUS screens on the system
 - On-Line advertising will be available to the dental industry
 - direct mailing to Canadian dentists
 - CDAnet PLUS will be marketed at FDI
 - continuing education for dentists throughout Canada
 - special journal supplement
 - CDAnet PLUS vendor kit for the software companies

11. **Closing Comments by Chairman**

I wish to thank the Committee members for their continued support in the promotion and marketing of CDAnet. I also wish to acknowledge the large contribution of the entire CDAnet Staff Management Committee. The Committee also wishes to thank Pat Duminy, Susan Matheson, Brian Henderson and Carol Ann St. Laurent for their efforts in support of the CDAnet Committee.

Respectfully submitted,

Bernard Dolansky, B.A., D.D.S., M.S.
Chairman, CDAnet Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the CDAnet Committee.

COMMUNICATIONS AND MEMBERSHIP COMMITTEE

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. James Brookfield, Kirkland Lake - Chairman
Dr. Garry Austman, Winnipeg
Dr. John Diggins, Vancouver
Dr. Barry Dolman, Montreal
Dr. Mahnaz Fatahzadeh, Vancouver
Dr. Chantal Fortier, Quebec City
Dr. Jocelyn Pearce, Toronto
Dr. David Somer, Hamilton

Coordinator: Miss Linda Teteruck

1. Committee Meetings

The Committee has met once since the Interim Meeting - on April 16, 1994. This was the first formal meeting of the combined Communications and Membership Committee under its new structure. In keeping with the responsibilities of this committee, a joint session between this committee and the CDAnet Committee to discuss CDAnet Plus was held on April 16 as well.

ITEMS REQUIRING BOARD ACTION

2. CDA Mailing Lists/Labels

At the April meeting, the Committee discussed a recommendation whereby CDA mailing lists and labels would be sold to advertising clients on a once-only basis and that legal ramifications would ensue if the agreement was broken.

This is a change to the current CDA procedure whereby a fulfilment house does the mailing for the advertiser, with the advertiser having no direct access to the labels or mailing list. This proposed change in distribution has been recommended by Keith Health Care Communications who act as the fulfilment agency for CDA. They feel that we are losing revenue opportunities with the current system and we could be more successful if we amended the process and provide potential customers with more options.

The current policy on mailing lists approved by the Board as Resolution 90.3, states: "THAT the CDA manage mailings of a national scope; and, THAT provincial Corporate Members who request the CDA to manage provincial mailings will receive net revenues from such mailings; and, THAT any CDA member who so requests will have his/her name removed from the mailing management process."

The Communications and Membership Committee agreed in principle with broadening CDA's procedures on mailing lists and felt in doing so that it did not alter the intent of resolution 90.3. As a result, the attached procedure on the sale of mailing labels and lists was developed to complement resolution 90.3.

APPENDIX I

RESOLVED:

- 94.66 **THAT the CDA Procedures on the Sale of Mailing Labels and Lists, which will include appropriate contractual and legal restrictions, be approved.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION3. Length of Terms, Staggered Appointments

In light of the committee's new structure, membership and terms of reference, it was suggested that:

- members of Executive Council would be appointed on an annual basis with consideration being given to the requirements as outlined in the Terms of Reference
- the new grad member, Dr. Mahnaz Fatahzedeh would serve a two-year term, non-renewable
- Drs. Pearce, Austman and Fortier would be eligible for reappointment for a second three-year term in one, two and three years respectively.

This information was forwarded to the Committee on Nominations and Awards for their consideration and review.

4. CDAnet Plus/Value Added

Further to the resolution approved at the 1994 Interim Meeting that a fee differential that would be applied to CDA non-members for access to CDAnet Plus services, it was recommended that there should be a \$5.00 per month fee differential between members and non-members to access this service.

The library would continue to be offered to members only and other CDA services would be reviewed on an individual basis with access being decided at that time.

It also was suggested that if spouses and family members of subscribers require a separate ID number to access the system, they would be considered non-members and charged the non-member rate. The issue of non-member access was discussed. It was decided that further thought was needed in defining which groups and organizations (other than non-member dentists) should receive non-member access (ie. corporations, supply companies, spouses, families and staff of members and non- members, etc).

Progress is being made in the areas of draft capture discounts, banking packages, cheque verification and guarantee service. MasterCard has approved a rate of 1.75% for draft capture and Telecheque has offered CDAnet Plus a rate of 1.5% with a minimum charge of \$20 per month.

The marketing plan for CDAnet Plus is being implemented with promotions at the ODA Convention, Les Journées Dentaires and the FDI. A special Journal Supplement is being planned supported by advertising, posters and brochures are in the design stage. Vendors are being recruited and certified, and a seminar on computerization is under consideration.

5. Membership

Membership figures for the 1994 year show a substantial gain in Ontario with an anticipated break-even status in Quebec. Highlights of the 1994 campaign included three direct mailings to non-members with targeted reference to immediate non-members, long term non-members, and new grads, development of a newly revised membership services guide, a new membership certificate and a telemarketing campaign by both staff and select members of Executive Council.

Focus group discussions in Ontario (with the ODA) have been informative and have provided CDA with information on which to develop the 1995 membership campaign. Increasing CDA's visibility will be the main thrust of the 1995 campaign through the promotion of a distinct CDA image to the membership.

For the first time in 1995, CDA will be developing a separate and distinct membership campaign for Quebec. In the past, the Quebec campaign has been a reflection (translation) of the Ontario campaign. The details of the campaign will be the result of planned focus group discussions with Quebec dentists this summer.

It is anticipated that the CDA will be undertaking an extensive lobbying effort with government on the taxation of dental benefits, RRSP's and the GST this fall and winter. The fall membership campaign will focus on the importance of these activities and the need for membership support.

Other recommended changes to the 1995 campaign includes targeting academics, establishing closer ties with the ACFD for purposes of recruitment, an instalment plan for all categories of membership, and not having members identify whether they are an active or affiliate member on their membership form. Complaints have been received from dentists at having to identify their active or affiliate status. They will no longer have to identify their status. This will be done by staff from membership lists for purposes of Board representation and record-keeping.

6. New Member Benefits

The Committee frequently receives requests from a host of companies such as Unitel, Cantel, Xerox, etc. for promotion of their services. The Committee felt that the endorsement of these types of services was not preferred and any type of promotion becomes quickly out of date and non-competitive. As such, it would not be to our advantage to publicize this information in a way that would reflect badly on CDA. However, the Committee felt that this type of information should be available to CDA members on request. It was therefore suggested that staff investigate the establishment of a centralized discount service for CDA member benefits with a special 1-800 number and report back at the next meeting.

Staff are also investigating a banking package for new grads that can be expanded to all CDA members, an instalment plan utilizing automatic bank withdrawals, use of Visa and MasterCard as payment for all categories of membership with an incorporated surcharge, and a graduated membership fee for new grads.

7. Awareness Campaign - Taxation of Dental Benefits

As referenced above, CDA anticipates that the Federal Government will be pursuing taxing dental benefits, adding the GST onto dental services and changing RRSP contributions for self employed professionals. Plans are underway with Executive Council and the Taxation Committee for a consolidated awareness campaign and strategy with members, patients and industry representatives to counter these efforts in time for the 1995 federal budget. The Board will be informed about the program during the summer and updated on our activities at the October meeting.

8. Practice Management Program

CDA's practice management program with ExperDent Consultants has been a continuing success both at the dental schools and with practicing members of the profession. All eight English language dental schools invited CDA to present its lecture to senior students in 1993-94. Student response has been very positive with 96% of the students reporting satisfaction with the seminar and its content. Invitations have been extended to the schools for the 1994-95 academic year and speaking dates are currently being arranged.

Conversion of the program for francophone students is currently underway. It is hoped that CDA can launch this program at Montreal and Laval during the forthcoming academic year.

Seminars to practicing members of the profession have been piloted in Ottawa, Toronto and Sudbury with close to 500 registrants. Our surveys report that over 90% of respondents were satisfied with the program. Seminars are currently scheduled for Alberta and British Columbia in June and the remaining provinces will be approached in the fall.

The two volumes of practice management materials developed by Experdent, on practice and value management and associate and transition planning are at the printers. It is anticipated that they will be available for distribution in the late spring or early summer.

To date, advance orders for 98 copies of the manuals have been received. New grads will automatically receive these manuals at no cost on joining CDA as active new grad members. The costs associated with distributing these materials to new grads is being borne by CDA, CDSPI and Experdent.

9. CDA Seminars

CDA has also been successful in delivering its "Dental Consumer of the '90s " seminar to dentists and staff in London, Montreal, Saskatoon, Quebec City, Edmonton. St. John's, Nfld. and a French-language presentation in Montreal are scheduled for September 1994. Response from attendees has been favourable and CDA is grateful to Ash Temple for its sponsorship of this program for the second year in a row.

10. Merchandise

CDA continues to provide promotional and dental health related products to the profession and the public. The launch of six new public education pamphlets is scheduled for July. These are single topic brochures on bleaching, bonding and veneers; orthodontics; crowns and bridges; root canal treatment; TMD; and care after minor oral surgery and will complement the eight booklets that previously had been developed, all with the support of Colgate-Palmolive.

In celebration of 1994 as the Year of Oral Health and the Year of the Family, CDA has developed a T-shirt and poster featuring our mascot "Bob" and his extended family. This has been marketed to dentists and their staff through the Communique.

11. DAP - In review

It is the feeling of the Committee that CDA's Dental Awareness Program should be reviewed. It has been ten years since CDA's original DAP initiative was launched and many things have changed including the commitment by corporate members to this same kind of initiative.

Staff have been asked to provide the committee with a full review of CDA's current activities and recommendations for future action at its next meeting.

12. Advertising and Publishing Standards

Following on the results of focus group discussions in Ontario which reveal that CDA needs to elevate its image and presence with the profession, staff are developing advertising and publishing standards that will create a consistent and constant image of CDA to the profession and the public. These guidelines will apply to all CDA product and promotional advertising and to all CDA publications, and will be implemented over the next 12 months.

In concert with these efforts, CDA's publications area is working toward centralizing and consolidating its publications services so that all external documents can be developed in the most uniform and cost-effective way possible.

13. Publications

The Journal and Communiqué continue to be refined according to their respective mission statements (see the April 1994 Board Report). Themes have been developed for each issue of the Journal in 1994 with covers that depict these themes. In addition, in celebration of the Journal's 60th anniversary, articles are being published that showcase this publication when it was founded in 1935.

A readership survey is planned in 1994 and adjustments will be made to both the Journal and Communiqué based on these results.

Dramatic changes have occurred to the Communiqué over the past year. Its content has been revised to take on a more news oriented perspective. Regular features include a financial planning section and a section specifically for new grads. CDA is very pleased that CDSPI has chosen to become the exclusive advertiser in Communiqué, now published five times yearly - in January, March, April, June and September. CDA's annual review will be published as a stand-alone publication in October and an additional issue of Communiqué will be published this fall, if time and resources allow.

Anticipated changes to the Communiqué include a total redesign, possibly to a tabloid format similar to the ADA News.

14. Periodontal Screening Program

CDA has been in discussion with Procter and Gamble and the Canadian Academy of Periodontology (CAP) on introducing a periodontal screening program similar to that launched in the U.S. by the American Dental Association, American Academy of Periodontology and Procter and Gamble. To date, CDA has received a letter of intent from Procter and Gamble indicating they are interested in introducing this program in Canada.

Staff have met with the ADA to review their experiences with the program. CAP has a strong interest in being partners with the CDA in perio screening and discussions are currently underway with P. & G. on program details.

15. Library

The library continues to respond to a record number of requests for information from the dental community. In 1993, the library fulfilled 42,000 requests for information from close to 5,000 members. These include articles, inter-library loans, searches, information packages, books, videos and references. Three thousand six hundred and fifty-eight searches were conducted, over 1,008 more than the previous year.

The MEDLINE data base has been transferred to CD-ROM which will save the library \$7,000 per year and will allow the library to purchase more journals, books and videos.

Revenues from library services have increased to \$27,000 from \$14,000 in 1992.

In addition, the family violence project undertaken with Health Canada has been completed, marketed and circulated to libraries, schools, corporate members and other related organizations.

Plans are currently underway to bring the library on-line on CDAnet Plus.

16. Conclusion

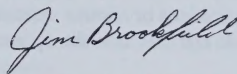
The April 1994 meeting marked the first time that the combined communications and membership committee met under its new structure. The meeting was productive in consolidating and coordinating activities in a wide range of areas and highlighted the necessity of a coordinated approach to many of the member services that CDA provides. It also gave us the opportunity to meet with the CDAnet Committee to discuss member benefits that will be introduced through CDAnet Plus.

Foremost on our list of priorities is:

- the further refinement of an effective membership recruitment campaign in both Ontario and Quebec, particularly in light of recent changes in management personnel in Quebec,
- an effective communications campaign with members and the public to counter the federal government's efforts to tax dental benefits
- and the effective coordination and introduction of members benefits onto CDAnet Plus.

My sincere appreciation is extended to all of the members of the new Communications and Membership Committee and particularly to those new members of the committee who provided yeomen service at our first meeting. My sincere thanks also go to staff without whom the day-to-day activities in all these areas would not be possible.

Respectfully submitted,



James Brookfield, D.D.S. Chairman
Communications and Membership Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Communications and Membership Committee.

**CDA Procedures on the Sale of
Mailing Labels and Lists**

Commercial

Commercial requests for the CDA mailing lists will be managed on behalf of CDA by Keith Health Care Communications or another communications firm chosen by CDA. Companies wishing mailing labels and lists have the option to have their request processed through:

- a designated mailing house. The list, provided on diskette, cheshire labels or sticky labels will be sold to Keith Health Care at a set cost plus shipping and applicable taxes (schedule of costs established and reviewed annually), who will in turn sell this service to clients.
- or - Keith Health Care Communications or another communications firm chosen by CDA, who will provide clients with lists or labels directly for a once-only mailing, at a set cost plus shipping and applicable taxes. The mailing list/labels will be accompanied by a statement in which the client agrees and signs that the once-only policy will be maintained and that legal action will ensue if the agreement is broken.

A copy of the material to be mailed shall be provided to the CDA prior to the mailing.

Non-commercial " Friends of Dentistry"

Non-commercial requests for the CDA mailing lists from "friends of dentistry" will continue to be handled directly through the CDA. The list will be sold to them at a reduced cost, plus shipping and applicable taxes.

A copy of the material to be mailed shall be provided to the CDA prior to the mailing.

Non-Commercial (Insurance Companies)

Requests from insurance companies for CDA listing of dentists names, will be reviewed and approved by CDA on an individual basis. The list will be sold to them at a cost, plus shipping and applicable taxes.

Approved by the
CDA Board of Governors
October, 1994

COMMITTEE ON COMMUNITY & INSTITUTIONAL DENTISTRY

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. Wayne Steggles, Chairman, Smith Falls Dr. David Chimilar, Winnipeg Mr. Alf Dolan, Belfountain Dr. Neil Farrell, London Dr. John Hardie, Vancouver Dr. Trey Petty, Calgary Dr. Geoff Smith, St. John's Ms. Jackie Smorang, Calgary Major Euan Swan, CFDS, Ottawa Dr. Julian Tsafaroff, DVA, Toronto (Observer)
Executive Liaison:	Dr. Richard Sandilands, Edmonton
Senior Staff:	Mr. Brian Henderson, Director, Professional Services
Coordinator:	Mrs. Danuta Askew

1. Committee Meetings

The Committee on Community and Institutional Dentistry has met once since its report to the Interim Meeting of the CDA Board of Governors. The meeting was held in Ottawa on March 12, 1994.

ITEMS REQUIRING BOARD ACTION

2. Latex in Dentistry

The Committee reviewed proposed Guidelines on the Use of Latex in Dentistry which were developed in cooperation with the Health Protection Branch of Health Canada. Health Protection Branch has a Task Force concerned with the topic of latex allergies and the development of labelling requirements and guidelines for users. The HPB Task Force has consulted with HIMA to obtain a "US-Canada consensus" on latex medical device labelling. CDA was encouraged to develop guidelines on the use of latex in dentistry utilizing a draft document provided as a point of reference.

In consultation with the CDA Committee on Dental Materials and Devices, the Committee reviewed the documentation provided and produced draft guidelines which are recommended for Board approval.

RESOLVED:

- 94.67 **THAT the Guidelines on Use of Latex in Dentistry be approved.**

APPENDIX**ADOPTED****ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****3. Fluoride Supplementation Policy**

At its 1993 Annual Board Meeting, the Canadian Dental Association Board of Governors approved revised guidelines on Fluoride Supplementation. The new guidelines recognize the availability of fluorides from multiple sources and encourage the considered use of fluoride supplementation, at reduced levels, for targeted individuals between 3 and 6 years of age. The Canadian Paediatric Society was requested, through its Committee on Nutrition, to approve the CDA guidelines. The Nutrition Committee expressed concern that supplementation should continue for individuals under the age of 3. The ADA Council on Dental Therapeutics is reviewing current policy and it appears that the ADA may continue to recommend supplementation under the age of 3 at reduced amounts. The scientists advising CDA Committees feel strongly that with the increasing incidents of fluorosis and current questioning of the efficacy of the systemic administration of fluoride, the CDA position, as approved, better reflects the current scientific consensus. It is also felt that practitioners following the CDA policy are in a better position from a medical/legal point of view. CID will continue to monitor debate on the topic of fluoride supplementation, but does not recommend any revision to CDA policy. Efforts will continue to be made to encourage the Canadian Paediatric Society to support the CDA policy.

The Committee reviewed an outline of a Health & Welfare report which identifies inorganic fluorides as one of the substances for possible regulation in the Canadian Environmental Protection Act. This Act specifies action under the Priority Substances Assessment Program to reduce the impact of identified substances on the environment. The report notes that there is no evidence to suggest that fluoride constitutes a risk to patient health. The federal government will be examining current guidelines on fluoride levels in municipal water supplies and other sources of fluoride in terms of potential impact on the environment. The Committee will continue to monitor this topic.

4. Dental Unit Waterlines

The Committee reviewed documentation describing research conducted with the cooperation of the American Dental Association, the US Center for Disease Control and dental unit manufacturers on the subject of bacterial contamination in dental unit waterlines. Currently, both CDA and ADA have similar recommendations for infection control procedures for dental unit waterlines. CDA recommends flushing the waterline prior to re-attaching the sterilized handpiece. ADA recommends that drains be flushed or purged each night to reduce bacterial accumulation and growth. The Committee will continue to monitor the ADA study and will be in a position to review current recommendation following receipt of the final report.

5. Infection Control

The Committee noted that there are a considerable number of presentations on the topic of infection control at the forthcoming CDA-FDI conference in Vancouver. It was agreed that the Committee would review the potential of a further CDA conference on infection control in the light of presentations at FDI and advise the Board accordingly.

6. National Pharmaceutical Strategy

The Committee reviewed a progress report on the "National Pharmaceutical Strategy" from Health Canada. On the direction of the Committee, a letter will be sent to the National Pharmaceutical Strategy office to emphasize that the "team" approach to decisions about medication described in the document does not include any reference to dentists and the document should be revised to recognize the role of dentistry in prescribing medication and monitoring patient care.

7. Chlorzoin

Mr. Ross Perry of Knowell Therapeutic Technologies made a presentation to the Committee on the topic of chlorzoin therapy. With assistance from an Ottawa-area dentist who uses chlorzoin in his practice, he provided a typical educational seminar offered by Knowell Therapeutics on Chlorzoin Therapy.

Committee members noted that the product should be used selectively rather than universally and it was suggested that additional clinical data would be helpful in validating the testing process used to determine the need for administration of chlorzoin.

8. Dental Amalgam

Recent articles on the subject of dental amalgam were reviewed by the Committee. It was noted that Sweden is proposing a government bill that will phase out the use of amalgam in dentistry for children by July 1, 1995 and for adults by 1997. The phase-out is being undertaken because of concerns about environmental toxicity rather than patient safety. The overall goal is to discontinue all uses of mercury by the year 2000. A recent Swedish study which tracked 1462 women with amalgam fillings for 20 years found no evidence for correlation between amalgam fillings and cardiovascular disease, diabetes, cancer or early death. Copies of this study, published in the Copenhagen Journal Community Dentistry have been provided to the Committee for information.

9. Summary

In conclusion, the Chairman gratefully acknowledges the continuing support and interest of the Members of the Committee on Community & Institutional Dentistry. On behalf of the Committee, the Chairman extends his thanks to Brian Henderson for his guidance and advice and to Danuta Askew for her energy and commitment in support of Committee activities.

Respectfully submitted,

Wayne Steggles, D.D.S., Chairman
Committee on Community & Institutional Dentistry

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Community and Institutional Dentistry.

CDA GUIDELINES ON USE OF LATEX IN DENTISTRY

Latex is most commonly used in dentistry in latex gloves and dental dams.

1. Dental patients should be asked if they have allergies. If they do, ask them if they have ever had a reaction to a balloon or rubber gloves.
2. Use non-latex products on patients who say they have reacted to rubber or latex products. Special attention should be given to patients at increased risk due to chronic latex exposure including spina bifida patients, paraplegics and quadraplegics. Medical non-latex gloves are available in vinyl and hydrocarbon polymer. Consult product labelling.
3. Following latex exposure, if a dental worker shows skin problems, the worker should be tested for latex allergy by a medically qualified allergist.

Approved by the
CDA Board of Governors
October, 1994

CONSUMER PRODUCTS RECOGNITION COMMITTEE

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

MEMBERS: Dr. Michael Eggert, Chairman, Edmonton
Dr. Hardy Limeback, Toronto
Dr. Dan Haas, Toronto
Dr. Hurinder S. Sandhu, London
Dr. Edward C.S. Chan, Montreal
Dr. Louise Desnoyers, Montreal

OBSERVER: Dr. Mona Akoury, HPB, Ottawa

**EXECUTIVE
LIAISON:** Dr. Richard Sandilands, Edmonton

STAFF: Mr. Brian Henderson, Director, Professional Services
Mr. Richard McCoy, Acting Coordinator, Professional Services

1. Committee Meeting

The Committee on Consumer Products Recognition has held two meetings since the 1994 Annual Meeting of the CDA Board of Governors; the meetings were held on January 28 and June 17, 1994. Due to weather conditions on January 28, an Ad Hoc Committee was created which formulated recommendations to the Chairman of the Committee.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. HPB Proposal to Permit Use of ADA Seal in Canada

A letter from Mr. Brian Henderson to the Health Protection Branch expressing concern that HPB might permit use within Canada of the ADA seal of recognition was discussed. The letter has been sent. Mr. Jardine Neilson has raised the issue in informal discussion with ADA. No further action is required at this time.

3. Review Wording of Contracts for Re-Assessment of Recognized Products

Mr. Henderson reported on discussion with legal counsel with respect with adequacy of the current contract in terms of CDA's ability to re-assess recognition of products. It is not necessary to amend the contract to be able to secure the kind of reconsideration the committee felt was desirable to have available.

On the direction of the Chairman, two additional clauses will be inserted into caries contracts for products containing pyrophosphates. These are as follows:

- " a) Part III, item 3. (iv) - on page 7

the CDA Committee on Consumer Product Recognition has been concerned for some time with respect to the possible effects of pyrophosphates on the protective function of fluoride. Studies submitted supporting the efficacy in caries prevention of this product may indicate that such negative effects are occurring. CDA reserves the right not to extend or renew this contract if the committee concludes that further studies on this subject demonstrate that the effects are significant enough to warrant withdrawal of recognition for all products containing pyrophosphates."

- " b) Schedule I, item J - on page 7

Special Cautionary Notice re Products Containing Pyrophosphates

The CDA Committee on Consumer Product Recognition has been concerned for some time with respect to the possible effects of pyrophosphates on the protective function of fluoride. Studies submitted supporting the efficacy in caries prevention of this product may indicate that such negative effects are occurring. CDA serves notice that the concern that pyrophosphates may affect the protective function of fluoride will be a consideration in the CDA approval of comparative claims made in advertising."

The Committee approved the addition of these clauses with its ratification of the report of the ad hoc committee meeting held January 28, 1994.

4. **Tooth Whiteners**

The current policy of the Health Protection Branch (HPB) with respect to the classification of tooth whiteners as cosmetic was reviewed by the ad hoc committee. The committee has established a process of interaction with HPB that involves the provision of CDA's scientific position on the matter of tooth whiteners and related topics. The committee will be asking HPB to describe its understanding of the effect of tooth whiteners on tooth structure and other oral structures.

5. **Presentation from Procter & Gamble on Meta-Analysis**

A presentation was made by guest speakers, Dr. George Stuckey and Mr. William Landrigan from Procter & Gamble on the efficacy of fluoride toothpastes and the role of meta-analysis in studies assessing efficacy. The presentation was taped and copies were sent to all members of the committee.

6. **Fluoride**

The CDA's officially approved revised recommendation for fluoride supplementation was strongly supported by the committee. The draft position of the Canadian Pediatric Society was reviewed and it was concluded that it was not as consistent with current scientific literature.

7. **Periodontal Screening Process**

Ms Linda Teteruck, Director of Communications, gave an update on the Periodontal Screening Program.

8. **Terms of Reference**

In view of the expanded Terms of Reference of the Consumer Product Recognition Committee, the committee discussed the need to establish new guidelines for a number of new product areas:

- a) therapeutic varnishes;
- b) therapeutic anti-caries claims for chewing gums;
- c) agents to reduce tooth sensitivity;
- d) CDA's perspective on possible role of cheese products in the reduction of dental decay.

The committee feels that the expanded terms of reference will need to be supported with additional resources as the committee is facing a markedly increased workload. It was also felt that the committee must spend some time reviewing the relationship of existing and proposed recognition programs, recognition statements and guidelines for product submissions. Since most of the time at current meetings is required for review of product submissions, a special meeting will have to be held to achieve this.

9. **Promotion of CPR**

The committee agreed on the need for the development of a communication package to describe the CPR Committee and its activities. This will be further discussed at the next meeting whereupon one (1) day will be allocated for discussion of planning and other general issues.

10. **Products Awarded CDA Recognition**

The following products were awarded the CDA Seal of Recognition for caries:

Procter & Gamble	- Crest Clean Mint Gel Dentifrice (baking soda gel)
Procter & Gamble	- Crest Clean Freshmint Dentifrice (baking soda tartar control paste)
Procter & Gamble	- Crest Clean Freshmint Gel Dentifrice (baking soda tartar control gel)
Procter & Gamble	- Crest Ultra Dentifrice (paste)
	- Crest Ultra Dentifrice (gel)
Procter & Gamble	- Crest Sensitivity Protection Dentifrice (paste)
Smithkline Beecham	- Aquafresh Sensitive Toothpaste
Block Drug	- Sensodyne-F Baking Soda Clean Toothpaste

The following product was awarded the CDA Silver Seal of Recognition for caries and gingivitis reduction:

Colgate-Palmolive	- Total toothpaste
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The following product was awarded the CDA Silver Seal of Recognition for gingivitis reduction:

Warner-Lambert	- Listerine Cool Mint Antiseptic
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The following products were awarded the Seal of Recognition for chewing gum:

Wrigley's	- Extra Plus (peppermint, spearmint, bubble gum)
	- Excel (peppermint, spearmint, chlorophyll)

The CPR Committee wishes to thank Mr. Brian Henderson, Director, Professional Services and Mr. Richard McCoy, acting committee coordinator, for their assistance during the past year.

Respectfully submitted,

F. Michael Eggert, D.D.S., MRCD(C), M.Sc., Ph.D.
Chairman, Consumer Products Recognition Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Committee on Consumer Products Recognition as information.

COMMITTEE ON DENTAL MATERIALS AND DEVICES

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Derek Jones, Chairman, Halifax
Dr. Pierre Desautels, Montréal
Dr. Leonard Johnson, London
Dr. Burton Conrod, Sydney
Dr. Dorin Ruse, Vancouver
Dr. Dennis Smith, Toronto
Dr. Peter Williams, Winnipeg

Observers: Dr. Attar Chawla, HPB, Ottawa
Ms. Linda Leinan, ISTC, Ottawa
Dr. Satish Chander, Medical Devices Bureau, Ottawa

Executive Liaison: Dr. David Somer, Hamilton

Staff: Mr. Brian Henderson, Director, Professional Services
Mr. Richard McCoy, Acting Coordinator, Professional Services

1. Committee Meeting

The Committee has held one meeting since its report to the 1994 Interim Meeting of the CDA Board of Governors; the meeting was held on May 6, 1994.

ITEMS REQUIRING BOARD ACTION

2. Industry Canada: Promotion of Canadian Manufacturers

Linda Leinan of Industry Canada met with the committee and outlined initiatives of the Canadian government to promote the interests of Canadian manufacturers. Several small Canadian manufacturers produce dental materials or devices. As part of Industry Canada's program to promote awareness of Canadian manufacturers, the Canadian Dental Association is requested to take steps to inform its members of the existence of Canadian manufacturers in the fields of dental materials and devices. It was felt that publication of a list of these manufacturers in the CDA Journal, a President's newsletter or some other official publication of CDA would greatly assist Industry Canada in its campaign. Committee members did not see any immediate objection to such a process, but felt that the Board of Governors should have an opportunity to review the general question.

RESOLVED:

- 94.68 **THAT the Canadian Dental Association, in conjunction with Industry Canada, take steps to bring a list of Canadian dental manufacturers to the attention of its members.**

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****3. CDA Recognition of Surgical Gloves**

CDA currently recognizes surgical gloves which have obtained certification from the Canadian General Standards Board (CGSB). Manufacturers have complained that CGSB requirements are costly and have requested that CDA consider using a different standard. Mr. David Young, Program Manager, CGSB, met with the committee and described the CGSB certification process in detail. He responded to questions on costs and the members concluded that the current process was reasonable and should continue to be employed.

Mr. Young brought to the attention of the committee a notice recently distributed by CGSB which indicates that examination latex gloves distributed by Ocean Pacific MedTec Ltd. and manufactured by A.P. Rubber of Thailand have been delisted by the CGSB since sampling has indicated that they are not continuing to meet the CGSB standard. The CDA seal of recognition will be withdrawn from this product.

4. Direct Mail Importation of Dental Products

As previously discussed, the Committee on Dental Materials and Devices has formed a working group which will be meeting with government to discuss the issue of direct importation of dental products and its implication for both dentists and manufacturers. The working group will include representation from the Canadian Dental Association, the Dental Industries Association of Canada and Industry Science Technology Canada.

5. Meeting of TC-106 in Ottawa, October 10-15, 1994

Following the FDI meeting in Vancouver this Fall, the ISO Technical Committee on Dentistry will meet in Ottawa from October 10-15, 1994. Dr. Derek Jones is chairing the planning group and Canadian dentistry is well represented in the committee itself. It is expected that between 200 and 300 international delegates will attend. The Canadian Dental Association previously approved \$ 10,000 towards the meeting budget and members of CDA staff are assisting Dr. Jones in planning and conducting the meeting.

6. **Dental Amalgam**

The committee reviewed current correspondence and articles on the general subject of dental amalgam and the general topic of mercury toxicity. It was noted that in jurisdictions where the use of dental amalgam has been limited it has been on a basis of possible environmental impact rather than patient risk. The committee has not identified grounds for revision of the existing CDA policy at this time.

The committee is also actively reviewing studies on the general topic of dental amalgam and the environment.

It was agreed that the CDA guidelines for the safe handling of mercury require some further revisions prior to presentation to a future meeting of the CDA Board. The Chairman requested Dr. Dorin Ruse to undertake such revisions.

I wish to thank Brian Henderson, Director of Professional Services and Richard McCoy, Acting Committee Coordinator, for their efforts during the past year on behalf of the Committee.

Respectfully submitted,

Derek W.Jones, BSc, PhD, FIM., CChem,
FRSC(UK), FADM, Chairman
Committee on Dental Materials and Devices

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Dental Materials and Devices.

COMMITTEE ON ETHICS

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Col. Morley Deyette, Chairman, Halifax
Dr. Brian Barrett, Charlottetown
Dr. Brian E. Leroy, Edmonton
Dr. Peter Lobb, Victoria

Executive Liaison: Dr. Toby Gushue

Senior Staff: Mrs. Sandra Davis

Coordinator: Ms. Martyne Giroux

1. **Committee Meetings**

Since reporting to the September 1993 Annual Meeting of the Board of Governors, the Committee on Ethics has not met.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. **Canadian Medical Association - Code of Ethics**

The Canadian Medical Association's Committee on Ethics sent the CDA a revised 1990 version of its Code of Ethics. The CMA is inviting the CDA to comment on this draft as well provide any suggestions for improvement. The Committee on Ethics is currently reviewing this document and will respond to the CMA with any comments as appropriate.

The CMA indicated that a final version of the Code of Ethics should be available for distribution in 1995.

3. **PharmAssist AP-24**

It was brought to the attention of the Committee on Ethics that the CDA has received a number of calls from Canadian dentists concerning a new line of anti-plaque products under the name PharmAssist AP-24. Nu Skin Distributors markets these products.

PharmAssist AP-24 Oral Health System is a new line of oral health care products that promotes anti-plaque protection 24 hours a day. This product consists of anti-plaque toothpaste, anti-plaque mouthwash, triple action dental floss and anti-plaque breath spray. Nu Skin is a multi-level marketing company that sells its products directly to the public only through Nu Skin Distributors. These products are not available in the stores or through classified ads. Distributors are required to enter into an independent contractor agreement with Nu Skin and to pay a \$35.00 registration fee.

Calls received from dentists wishing to sell these products are being referred to the appropriate licensing body. It has been confirmed with the Royal College of Dentists of Ontario and the Order of Dentists of Québec that dentists in Ontario and Québec are not allowed to sell products from their office at a profit.

The CDA Code of Ethics states under Article 7, Responsibilities to the Public that "Dentists must not lend their name or provide written testimonial for reward or not, to any product or material offered to the public". CDA is advising dentists who are interested in selling any products to consult their licensing body.

The Committee on Ethics will continue to monitor this area and will keep the Board informed on any new developments.

4. **Code of Ethics**

CDA continues to receive favourable comments on the CDA Code and several requests for additional copies.

Respectfully submitted,

Col. Morley Deyette, Chairman
Committee on Ethics

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Ethics Committee as information.

GOVERNMENT RELATIONS COMMITTEE

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. James Brookfield, Chairman, Kirkland Lake Dr. Elizabeth MacSween, Ottawa
Senior Staff:	Mr. Jardine Neilson, Executive Director Mrs. Sandra Davis, Manager, Corporate Affairs
Coordinator:	Ms. Martyne Giroux, Coordinator

1. Committee Meetings and Activities

The Committee has not met since its last report to the 1994 Interim Board of Governors meeting. The matters contained in this report have come to the Committee's attention through concerns of an individual member, an allied health organization or through documentation indicating legislative or regulatory changes which have the potential to affect the profession.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Plain Packaging for Tobacco Products

In March, 1994, CDA wrote to provincial health Ministers to express its support for the plain packaging of tobacco products. CDA believes that plain packaging will deliver the ultimate in health warnings to Canadians and most particularly to the young.

In addition, CDA wrote to Presidents and CEO's of Corporate Members to bring this matter to their attention as well as to request their assistance in communicating with their provincial health minister.

Positive responses were received from the provincial health ministers stating that their position on the plain packaging of tobacco products is being examined at the provincial level.

3. **Medical Services Branch**

On June 13, 1994, a meeting was held between representatives of CDA and MSB to address several issues of importance to the profession. Firstly, a communication void had developed over the past year. CDA's correspondence required several follow-ups and then elicited little response in terms of addressing the real issues. Secondly, without any prior consultation with the professional associations representing provider groups, MSB was poised to release changes to the NIHB program and associated claim form. Lastly, MSB policy on bonded amalgam, further frustrated by regional disparities in assessing exceptions to the approved schedule of dental services, required a more reasonable approach than that being taken by some regions of MSB.

Communication between CDA and MSB has been oriented to ensure provider input regarding changes to the NIHB program. However, several issues remain on the table. The elimination of the client signature block and the mandatory tooth chart information are unacceptable and present unnecessary administrative burdens to providers.

CDA guidelines for the utilization of bonded amalgams are being prepared by Dr. Philip Watson of the University of Toronto. MSB has agreed to use these guidelines as a resource, initially to judge the reasonableness of payment for simple amalgam fillings where a bonded amalgam cannot be approved - and ultimately to allow the inclusion of bonded amalgams in the approved schedule of dental services.

CDA requested that its Corporate Members confirm their willingness to act as a channel for provider input. As provincial associations contract on behalf of their members who participate in NIHB, they are a recognized reliable source of pertinent issues and problems. All of CDA's Corporate Members agreed to act in this capacity.

A CDA message and a notice from MSB was included in the July issue of the CDA Journal on this matter.

APPENDIX I

CDA will again meet with MSB in September to attempt to resolve outstanding issues, and to provide MSB with provider feedback to recent changes to the NIHB program.

4. **CDA/Sierra Leone Dentistry Project**

From March 27 to April 17, three Canadian representatives, Mr. Ray Fisher, President, Nepean Outreach to the World, Dr. James Lahey, Canadian Project Director and Ms. Beverly Brownlee, dental assistant travelled to Sierra Leone to launch the cooperative dental linkage between CDA and the College of Medicine and Allied Health Sciences (COMAHS), University of Sierra Leone. This project was realized through funding by the Canadian International Development Agency's (CIDA) Professional Association Program (PAP). This exploratory visit and its findings will be assessed to determine the feasibility of a four-year developmental program co-sponsored by CDA and CIDA.

5. **National Forum on Health**

Immediately following the speech from the throne, CDA President Raymond Wenn wrote to Health Canada Minister Diane Marleau, requesting information on the parameters for participation and the objectives of the National Forum on Health. CDA is following up on the preliminary information received to date.

APPENDIX II

6. **Federal Drug Legislation - Bill C-7 - Controlled Drugs and Substances Act**

CDA received correspondence from the Canadian Medical Association (CMA) regarding its brief to the House of Commons Standing Committee on Health regarding Bill C-7, The Controlled Drugs and Substances Act. CMA has serious concerns with Bill C-7, since it failed to differentiate between legitimate medical practice and illegal drug activities. The proposed legislation would put physicians under the threat of criminal and regulatory sanction when they are engaged in carrying out the normal duties of their profession.

CDA supported the CMA's brief to Government to amend Bill C-7.

7. **Family Violence Initiative**

CDA received correspondence from Health Canada, Health Programs and Services Branch requesting CDA's assistance as a reviewer of an Interdisciplinary Curriculum Guide of health professionals which deals with violence against women and children and its implications for the health of survivors and their families.

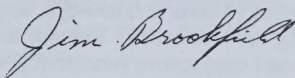
This Guide is being developed by the Mental Health Division, Health Canada, as part of a series of resource materials for health professionals.

Dr. Elizabeth MacSween, member of the Government Relations Committee was responsible for evaluating this draft. Health Canada expects to have a final draft of the Guide by July 30, 1994.

8. **Government Relations Dinner**

A Government Relations Dinner has been tentatively scheduled for Friday, April 7, 1995. Ms. Sheila Copps, Deputy Prime Minister, has been invited to be the Government speaker for this event.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jim Brookfield".

James Brookfield, D.D.S.
Chairman, Government Relations
Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Government Relations Committee as information.



**MESSAGE TO ALL DENTISTS PARTICIPATING
IN HEALTH CANADA-MEDICAL SERVICES
BRANCH PROGRAM FOR NATIVE CANADIANS**

On June 13, 1994 a meeting was held between representatives of CDA and Medical Services Branch, Health Canada, to address several issues of importance to the profession.

**CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE**

Firstly, a communication void had developed over the past year. CDA's correspondence required several follow-ups, and then elicited little response in terms of addressing the real issues. This was in sharp contrast to the previously established cooperative relationship which saw the establishment of the current NIHB schedule of dental benefits, and which has greatly increased the access to optimal oral health by Canada's native peoples.

Secondly, without any prior consultation with professional associations representing provider groups, MSB was poised to release changes to the NIHB program and associated claim form. CDA sought to address the increased administrative burden in the dental office which would result, and issues impacting on the legal liability of the provider through the removal of signature blocks.

Lastly, MSB policy on bonded amalgam, further frustrated by regional disparities in assessing exceptions to the approved schedule of dental services, required a more reasonable approach than that being taken by some regions of MSB.

Although successful on some fronts, several issues remain to be addressed in further meetings. In summary:

- communication between CDA and MSB has been oriented to ensure provider input regarding changes to the NIHB program and system.
- CDA will press for action to back MSB's verbal commitment to reinsert the Client Signature Block once its current stock of the new claim form has been exhausted. In the meantime, all providers are encouraged to obtain patients' signatures prior to releasing information to Blue Cross. The recommended format is that found in the standard dental claim form.

- CDA finds the demand for mandatory tooth chart information an unacceptable and unnecessary administrative burden on providers, and will continue to press for change. Tooth charting, at the time of initial visit, should meet MSB's automation requirements, and its need to enhance its management and financial accountability for the program.
- CDA, through its corporate members, the provincial dental associations, will provide MSB with provider input on experience with the new claim form and associated administrative problems with claims processing. Please keep your provincial association aware of problems and concerns.
- CDA guidelines for the utilization of bonded amalgams are being prepared. MSB has agreed to use these guidelines as a resource - initially to judge the reasonableness of payment for simple amalgam fillings, where a bonded amalgam cannot be approved - and ultimately to allow the inclusion of bonded amalgams in the approved schedule of dental services.
- CDA believes that communication between the representatives of provider and client groups is extremely important on issues impacting the oral health of native Canadians. CDA will contact respective national native groups to alert them to the possibility of concerted political action in the event that these difficulties are not resolved.

CDA will again meet with MSB in September to attempt to resolve outstanding issues, and provide MSB with provider feedback to recent changes to the NIHB program.

Members will be provided with further updates through the CDA Communiqué, and the communication vehicles of provincial dental associations.

A Notice from the Non-Insured Health Benefits (NIHB)
Program of Health Canada to Recipients of the
NIHB Dental Practitioner Information Kit

This is further to the **NIHB Dental Practitioner Information Kit** which provided you with a description of the NIHB Program and information about Program enhancements, effective on **July 1, 1994**.

Clarification on the NIHB Program and Form NIHB-DENT-29

In response to a request from the Canadian Dental Association (CDA), Health Canada has prepared this notice to clarify three areas addressed below, concerning the NIHB Program and the new NIHB-DENT-29 form.

It should be noted that, although new, the NIHB-DENT-29 form remains under review and Health Canada and the CDA are continuing discussions for its improvement. The agreed upon results from those discussions will be incorporated into an updated version of the form which you will receive as soon as it is available.

1. Client Signature Block

The NIHB-DENT-29 form may be used to **submit a claim** or to **request a prior approval**. One of the significant differences between the new form and the previous one is the absence of the Client Signature Block.

A completed NIHB-DENT-29 form may be submitted to Health Canada or Blue Cross without the client's signature since client authorization is not required **to collect** information. Client authorization would be required **to release** the information to another party for non-derivative use, that is to say, for purposes not specified by the NIHB Program.

2. Tooth Chart

There are two reasons for the introduction of the mandatory tooth chart information: first, many of the computerized edits in the automated claims payment system depend on the information about missing teeth to verify the eligibility of the procedures, and

second, the Auditor General has called on Health Canada to strengthen NIHB management practices. The collection of missing tooth information is one of several steps which the department has taken to comply with the Auditor General's directive on NIHB management practices.

3. Coordination of Benefits

The NIHB Program has always been the "provider of last resort". Providers seeking payment from the NIHB Program are requested to notify Health Canada in the event that a recipient of benefits is entitled to receive those benefits, in whole or in part, from a third-party plan. After all other channels have been exhausted, Health Canada will provide non-insured health benefits to its clients. This is not a change in NIHB policy.

Your completion of Part 3 of the new NIHB-DENT-29 form will assist Health Canada to ensure that Program funds are spent with prudence and probity.

Health Canada - July 1994



APPENDIX II

January 27, 1994

The Honourable Diane Marleau
Minister of Health
Health Canada
Jeanne Mance Building, 21st Floor
Tunney's Pasture
Ottawa, ON
K1A 0K9

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

OFFICE
OF THE
PRESIDENT
CABINET
DU
PRÉSIDENT

Dear Minister Marleau:

I was most encouraged, both as a citizen of Canada and as President of a national health organization, to receive confirmation in the recent speech from the throne of the Government's commitment to the principles of universal health care established through the Canada Health Act. Of particular interest was the announcement concerning a National Forum on Health to be chaired by the Prime Minister.

The Canadian Dental Association would be most interested in receiving information on the parameters for participation and the objectives of the Forum which, as noted in the throne speech, has been established to dialogue with various publics on the renewal of Canada's health system.

On behalf of the association, I wish to express its willingness to assist the federal government and your ministry with the challenges and opportunities that this initiative presents.

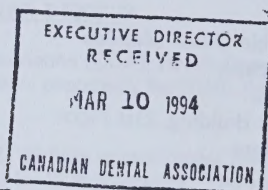
Sincerely yours,

Raymond Wenn, D.D.S.
President

c.c.: Members, Board of Governors
Presidents & CEOs, Corporate Members
CDA Directors
Editor



8 III 1994



Dr. Raymond Wenn, D.D.S.
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Dr. Wenn:

Thank you for your letter of January 27, 1994, expressing interest in participating in the National Forum on Health.

As was made clear during the election and reiterated in the Speech from the Throne, the National Forum on Health, which will be chaired by the Prime Minister, will provide advice to the federal government by bringing together for discussion knowledgeable individuals involved in the Canadian health system.

While no decisions have yet been made about the specific mandate, structure and activities of the National Forum on Health, I feel strongly that it will be important to ensure that a wide cross-section of Canadians participate.

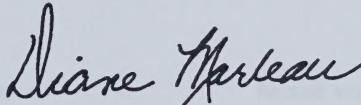
I have heard from many groups and individuals wishing to participate in the work of the National Forum on Health. It is reassuring to see Canadians so

.../2

clearly committed to working together to ensure that we continue to have a health system that is the envy of the rest of the world.

I want to thank you for expressing interest in the work of the National Forum on Health.

Yours sincerely,

A handwritten signature in dark ink, reading "Diane Marleau". The signature is fluid and cursive, with the first name "Diane" and last name "Marleau" clearly distinguishable.

Diane Marleau
Minister of Health



June 10, 1994

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Mr. Matthew Bassett
Special Assistant to the Minister of Health
Health Canada
Jeanne Mance Building, 21st Floor
Tunney's Pasture
Ottawa, ON
K1A 0K9

Dear Mr. Bassett:

I appreciated your recent telephone call in response to my request for an update on information available concerning the National Forum on Health. As I mentioned to you, CDA President Dr. Raymond Wenn wrote to Minister Marleau in January, seeking information on the parameters for participation in the Forum and on its terms of reference. The Minister's response indicated that no decisions had been made about specific mandate, structure and activities. She also noted her strong views of the importance of a wide cross-section of Canadian participation.

You stated that negotiations with the provinces have delayed the finalization of both the terms of reference and the structure of the National Forum. It is now anticipated that within the month these matters will be complete and communicated to groups who have expressed interest. As I mentioned to you, it is somewhat difficult for the Canadian Dental Association to articulate how it might best assist the federal government through the National Forum on Health, lacking more specific information. This being said, I wish to reiterate the offer of assistance made by Dr. Wenn of the services and expertise of this association in the furtherance of the goals and objectives of the National Forum on Health, insofar as it is appropriate and complementary to CDA's role in the promotion and provision of optimal oral health for Canadians.

I look forward to receiving further information from the Minister's office as it becomes available.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Sandra Davis". The signature is fluid and cursive, with the first name "Sandra" written in a larger, more prominent script than the last name "Davis".

Sandra Davis, CAE
Manager, Corporate Affairs

c.c.: Dr. Raymond Wenn, President
Jardine Neilson, Executive Director

MANAGEMENT COMMITTEE

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Raymond Wenn, Charlottetown - Chairman
Dr. Bryun Sigfstead, Edmonton
Dr. James Brookfield, Kirkland Lake
Mr. Jardine Neilson, Executive Director

Senior Staff: Mrs. Sandra Davis, Manager, Corporate Affairs

Coordinator: Mrs. Suzanne Burton

1. Committee Meetings

Since the 1994 Interim Meeting of the CDA Board of Governors, the Management Committee has met twice - April 8 and June 23, 1994. In addition, Management Committee met with the Management Committee of CDSPI on April 8 and June 16, 1994.

ITEMS REQUIRING BOARD ACTION

2. Audited Financial Statements - Canadian Dental Association

The audited financial statements for the CDA were reviewed by Management Committee. Statements are appended and explanatory notes are included for information. The audited financial statements include, for comparison purposes, the adjusted 1993 Budget figures which were presented to Governors at the 1993 Interim Meeting. The appended documentation highlights and reviews changes in approved programming as they relate to the provisional 1993 Budget approved by Governors in 1992.

APPENDIX I

RESOLVED:

94.69 THAT the Audited Financial Statements for the Canadian Dental Association for the year ending December 31, 1993, be approved.

ADOPTED

3. **Audited Financial Statements - Canadian Dental Research Foundation**

Management Committee reviewed the audited financial statements for the Canadian Dental Research Foundation.

RESOLVED:

94.70 **THAT the Audited Financial Statements for the Canadian Dental Research Foundation for the year ending December 31, 1993, be approved.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. **Financial Statements to April 30, 1994**

CDA financial statements for the period ending April 30, 1994 were reviewed by Management Committee. Revenue from active membership fees was approximately \$840,000 below budget, due principally to the fact that payments from two of the larger mandatory provinces had not been received by April 30. Management noted that these fees were received in May. For similar timing reasons, the corporate fee also indicated a negative variance. All other fee revenue categories showed a positive variance as of the end of April.

Revenue from all other sources combined was above budget by approximately \$54,000. Revenue from Consumer Product Recognition, DAT programs, and conferences and seminars showed a strong positive variance. Both Journal revenue and revenue associated with Information Services were below budget by approximately \$60,000 each.

Although it is difficult to make year-end projections, Management believes that total revenue should achieve budget overall.

Expenses in most areas were within budget.

5. **1995 Budget**

The 1995 provisional Budget presented to Governors at the 1994 Interim Meeting was reviewed by Management Committee. No adjustments were considered pending further examination at the 1994 Planning Session.

6. CDAnet

- Cost to December 31, 1993

Management reviewed a schedule of CDA's CDAnet costs to December 31, 1993. The schedule outlined costs incurred by CDA during the years 1991, 1992, and 1993 and the offsetting royalty revenue. \$931,302 remains to be recovered from Claims Revenue and \$91,665 from Value Added Revenue for a total recoverable amount of \$1,022,966. Cost and revenue projections through to the end of the year 2000 forecast a break-even position for CDA at the end of 1998.

- Royalty Payments

Royalty payments from Shared Health and ACE continue to grow with approximately \$50,000 being received in 1994 as of the end of April. Total royalties since inception of the program are close to \$200,000. These are being disbursed in accordance with agreements in place with provincial co-sponsors.

- Promotion to U.S. State Dental Associations

Management Committee reviewed a communication directed to U.S. state dental associations providing information on CDA's experience with its national electronic data interchange network. While supportive of the general thrust of information and expertise sharing as an expression of good will towards American colleagues, cost implications related both to provision of materials and a suggested consultation service were a concern. A more general offer of advice and assistance will be forwarded.

7. CDA Annual Dental Meeting - Convention Reserve Fund

The Convention Reserve Fund was established to provide resources to the Association to ensure, on an ongoing basis, a superior continuing education resource to the dental profession. The 1993 audited statements indicate a surplus in the fund of \$373,318. This increase of \$120,000 over 1992 is attributable to an operating surplus in the Convention department augmented by a most successful 1993 Toronto Convention. CDA wishes to once again extend its particular appreciation to the Ontario Dental Association and all those involved in the local organizing committee.

Preliminary figures for the 1994 FDI Congress in Vancouver are encouraging. With the event still some five months away, numbers of participants are strong, and indicative of a successful Congress both financially, and from a member-benefit viewpoint.

8. 1995 Per Diem/Honoraria Rates

On recommendation of the Management Committee, the Executive Council has approved the appended increase to the 1995 Per Diem and Honoraria Rates which reflects a 2% increase over the 1994 rates.

APPENDIX II

The overall Board-approved policy on CDA Per Diems and Honoraria states that CPI should be utilized as the standard for determining annual adjustments. Management Committee considers this factor, along with its overall mandate to manage the resources of the Association.

9. CDA Staff

At each meeting of Management Committee, the Executive Director presents a report outlining staff changes which may result from hiring, termination, maternity leave, promotions and internal transfers. The program of attrition, established during 1993 to reduce the staff component, is complete. The 1994 Planning Session will address human resource needs consistent with established objectives.

10. ExperDent Seminars

The program of practice management seminars delivered by ExperDent on behalf of CDA continues to be well received both by dental students and members of the profession. Conversion of the program for francophone audiences is currently underway. Management Committee approved the expenditure of \$17,000 for translation of the associated resource documents. These funds are within the approved budget for this program for 1994. Further information is contained in the report of the Communications and Membership Committee.

11. CDAnet Plus Marketing

Management Committee reviewed a report from the Chairman of the CDAnet Committee on various marketing activities related to CDAnet Plus currently under development. A new seminar program entitled *Computerization In The Dental Practice* was outlined, along with its associated resource requirements. Further review and evaluation of the program has been deferred to the 1994 Planning Session.

12. CDA/CDSPI Joint Management Meetings

The following items were discussed at joint CDA/CDSPI Management Meetings during 1994. Additional information is contained in the Executive Council report.

- Annual Report by CDSPI

It was agreed that it would be advantageous for CDSPI to present an annual report on its business operations to Governors. The 1995 Interim Meeting has been identified as the venue to launch this initiative.

As previously agreed, CDA will receive a copy of the CDSPI audited financial statements annually, following their formal approval by the CDSPI Board.

- Confidentiality of National Statistics/CDIP Annual Report

The CDSPI Board, at its September meeting, will be asked to consider a position allowing the provision of national statistics on CDIP to provincial co-sponsors. Provision will contain a stipulation that the confidential and competitive nature of the information be acknowledged in writing. CDA Management indicated its support of this position. The decision of the CDSPI Board will be communicated to Governors in a future report of the Council on Insurance and Investment.

13. Periodontal Screening Program

The report of the Communications and Membership Committee contains information on the investigation of CDA's involvement with a periodontal screening program similar to that launched in the U.S. by the American Dental Association, the American Academy of Periodontology and Procter and Gamble. Management approved, in principle, CDA's involvement with a Canadian program in conjunction with the Canadian Academy of Periodontology and Procter and Gamble.

14. Grieve Memorial Lecture Agreement

The Grieve Memorial Lecture Agreement has now been signed by CDA and CAO officers. All matters related to the administration of the agreement are now housed with the Dentistry Canada Fund.

15. Annual Grant to the Dentistry Canada Fund

The Executive Council has approved a recommendation of the Management Committee to maintain the CDA annual grant to the DCF at \$20,000 for 1995. Previously, this annual sum was granted to CFDE. For 1995 and future years, annual grants to DCF will contain the stipulation that they be applied to educational endeavours.

16. CDA Guidelines for Memorial Donations

CDA budgets contain, annually, provision for grants, donations and sponsorships under the approval jurisdiction of Management Committee. The appended guidelines for CDA Memorial Donations, which reflect the practice that has been in effect for the past several years, were confirmed.

APPENDIX III**17. CDA RSP Financial Statements**

The CDA RSP financial statements to May 31, 1994, were not available for review by Management Committee or Executive Council. Receipt of these statements is anticipated prior to the 1994 Annual Meeting, and approval will be required in order that statements can be published as the CDA RSP Annual Report. As previously outlined to Governors, Management will approve the statements on behalf of the Executive Council. They will be presented for Governors' information at the 1995 Interim Meeting.

18. Library Resource Centre Services

The College of Dental Surgeons of B.C., has requested that CDA consider an expansion of its current Library/Resource Centre activities. The request is two-fold. The first aspect involves the appointment of a CDA Fluoridation Officer. Principally, the role envisaged is to assist the Librarian in retrieving and critiquing relevant articles, and to act as a spokesperson on the issue. In reviewing CDA's current processes and procedures in managing inquiries and concerns in the area of fluoridation, it was determined that they were sufficient to meet current needs.

The second aspect of the request involved the establishment of a national data bank of information and resources on current and emerging issues, available from various corporate jurisdictions. As well, decisions, legal opinions, provincial acts and regulations pertaining to matters under the jurisdiction of provincial licensing bodies would be centralized and maintained. This data could likely be categorized into specific fields, with the required exclusivity of access. It was noted that the CDA library had previously attempted this project without success, due to lack of response from the various stakeholders. It was agreed that the library could serve in this capacity, noting that the success of this venture, once again, would be determined by the provincial corporate and licensing bodies.

19. Duration of Meetings - CDA Board of Governors

Each meeting of Governors costs approximately \$65,000-\$75,000 depending on location, number of days, and the number of Chairpersons attending. The differential between a one and two-day meeting is approximately \$10,000.

Interaction between volunteers and senior staff at the national and the provincial level is extremely important. Its impact cannot be measured in absolute terms - but the lack of it may, over time, erode relationships. As well, Governors meetings provide opportunity for Management Committee to meet with provincial groups and other affiliated organizations. Past experience has shown, that although Governors' business may be transacted during a one-day meeting, other opportunities for communication and interaction suffer.

Management Committee has approved, in principle, the policy of two-day meetings of the Board of Governors in future years. As this direction has resource implications for the 1995 Budget, it will be reviewed along with other priorities at the 1994 Planning Session.

20. FDI Seal of Recognition

The FDI has granted Wrigleys its Seal of Recognition in relation to its gum product. Both the American Dental Association and the CDA believe that the FDI Recognition Program is an intrusion into national jurisdictions. Appropriate objections have been registered with FDI.

21. CDA President's Dinner - Sponsorship

Warner Lambert Canada has agreed to sponsor the CDA President's Dinner for 1994. Warner Lambert sponsorship will be recognized in an announcement to be featured in the August issue of the CDA Journal which will highlight FDI Congress 1994 and surrounding events. Members of the Board of Governors are asked to join with Management Committee in ensuring that Warner Lambert representatives attending this function are given a warm welcome.

22. Self-Learning Self-Assessment Program (SLSA)

CDA has received a request from principals of the SLSA program to move its operation within CDA. While specific parameters need to be determined, the offer has been received with enthusiasm. Further details will be provided as they become available.

23. Administration Agreement with Imperial Life for the CDA RSP and CDA RIF

In April 1994, Management Committee approved the termination of the agreement between CDA, CDSPI and Imperial Life, signed in 1990, for the administration of the CDA RSP. This action is in keeping with a decision taken in 1991 to replace three party Administration Agreements between CDA, CDSPI and carriers, with two party agreements. The Administration Agreement between CDA and CDSPI has been revised to include the new CDA RIF. A new administration agreement between CDSPI and Imperial Life was required and CDA was requested to approve consent to terminate the 1990 agreement.

24. Memorial Donations

Management Committee has approved memorial donations on behalf of the late Dr. Jean Laporte, past member of the CDA Executive Council, Mrs. Helen Johnson, wife of Dr. Len Johnson, and Mr. Joseph Dolman, father of Executive Council member Dr. Barry Dolman.

25. Meeting - QDSA Officers

Representatives of Management met with QDSA officers on Friday, April 15 at the QDSA offices in Montreal. Items of discussion included the Dental Care Occupations Labour Market Model, cooperative ventures in CDA membership, CDAnet, and the decision of the Court of Appeal for Ontario.

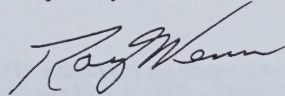
26. Meeting - American Dental Association

On April 27, senior officers of ADA and CDA met in Chicago to discuss various items of mutual concern and interest. This annual event continues to be a most successful exercise in information sharing and the exploration of opportunities for cooperation.

27. Cheque Registers - President Elect's Audit

The Executive Director of the Association reviews monthly cheque registers detailing disbursements of the CDA. The President-Elect conducts audits of CDA disbursements on a random basis from time to time. Appropriate audits have been conducted. Cheque registers to March, 1994 have been reviewed and a report provided to Management Committee.

Respectfully submitted,



Raymond Wenn, D.D.S.
Chairman, Management Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Management Committee.

SUPPLEMENTARY NOTES TO THE 1993 AUDITED FINANCIAL STATEMENTS

These notes were prepared by staff and explain financial activity that may not be evident from the figures alone.

BALANCE SHEET (page 2 of the Audited Financial Statements)**ASSETS**Current Assets**Cash and Short-Term Deposits**

Cash and short-term deposits are normally high at year end as a result of the collection of membership dues for the coming year. In 1993, deposits and income collected for the 1994 FDI Congress bolstered the year end cash position. CDA strives to keep the equivalent of one months expenses in case and invests the balance.

Accounts Receivable

Receivables, generated from three principal areas: journal advertising, library services and general accounts, were up significantly over 1992. A few large receivables including \$56,141 from Revenue Canada, \$16,585 from MacLean Hunter and \$33,170 from Colgate, accounted for much of the difference. However, the majority of receivables were less than 30 days old.

Inventory

Inventory figures, made up principally of Dental Awareness Program merchandise were higher due to additional stock on hand.

Pre-Paid Expenses

Pre-paid expenses appear to be substantially higher than the previous year. However, approximately \$537,028 represents expenses paid in advance for the 1994 FDI Congress, including such things as the preliminary programs. The amount related to general CDA operations, which consists of pre-paid postage, funds set aside for the defined benefit pension plan for the Executive Director and contracts paid in 1993 which provide coverage or use in 1994, such as insurance premiums and equipment leases were actually lower than the previous year. Of note, the Directors and Officers/Errors and Omissions

insurance premium, a prepaid expense, increased by approximately \$40,000.

Capital

The decrease in the book value of Capital or Fixed Assets is a result of depreciation. A detailed breakdown of the fixed assets is included as part of the "formal" notes to financial statements. (see page 7 of the Audited Financial Statements)

TRUST ASSETS

Trust assets are the combined assets of the two funds held in trust by CDA, the Sydney Wood Bradley Memorial Trust Fund and the Grieve Memorial Lectureship Fund.

Cash

The increase in cash held was primarily due to donations which were higher in 1993.

Accounts Receivable

This represents a year-end adjustment to the grant receivable from the Canadian Dental Foundation.

Pre-Paid Expenses

This amount represents pre-paid subscriptions ordered by the library.

LIABILITIES

Current Liabilities

Accounts Payable

Accounts payable at year end were consistent with the year before. These amounts, with the odd exception, represent invoices received in December and due in 1994.

Deferred Revenue

Deferred revenue is much higher at the end of 1993 compared to prior years as a result of the 1994 FDI Congress; close to a million dollars in revenue had been collected prior to year end. The balance represents primarily 1994 membership fee income received in 1993 and this amount was approximately \$230,000 higher than in 1992. Some of this difference represents the collection of student memberships for multiple years, a policy implemented in 1993. The deferred income figure also includes a modest amount of DAT

income received in 1993 for the 1994 spring test and CPR income collected in 1993 but applicable to 1994.

Current Portion of Long Term Debt

This amount reflects that portion of the mortgage principal payable within one year of the statement and is separated out according to accounting principles. Included in the amount is the \$150,000 of principal to be paid down, exercising the option to pay down 10% of the original principal annually. The mortgage was taken out in April of 1992 and this timing accounts for the difference between the two years.

Long Term Debt

This is the principal amount outstanding on the mortgage after accounting for the current portion at the end of 1993. The difference between the 1992 long-term debt and the combined 1993 long-term debt and current portion is about \$10,000 and this represents the accelerated principle pay down as a result of the \$150,000 principle payment.

EQUITY

Surplus

The Surplus, which may be referred to as Members' Equity or the Accumulated Surplus, is detailed in the Statement of Equity. (see page 3 of the Audited Financial Statements) More information on the CDA Reserve Funds is also detailed in the Statement of Equity.

TRUST EQUITY

The trust equity, equivalent in total to the trust assets, shows the members equity in these two accounts. Revenue and expenditure information for the two trust funds is detailed in the statements. (see pages 5-6 of the Audited Financial Statements)

STATEMENT OF EQUITY (page 3 of the Audited Financial Statements)

This statement provides a further breakdown of information contained on the balance sheet. The convention fund and the CDAnet fund are internally segregated accounts set up by the Association.

Surplus

The general surplus of the organization increased by \$852,326, the amount of the surplus in 1993.

Convention Reserve Fund

In 1988, CDA set up a Convention Reserve Fund to help fund future Conventions. In 1993, an operating surplus of \$120,642 in the convention department increased the amount in reserve.

CDAnet Fund

With contractual agreements between CDA and participating provinces in place, CDA set up a fund in 1990 to track revenue and expenditures related to the CDAnet electronic data interchange project. Costs to date have amounted to \$1,093,173 and although some income has been recovered, the fund currently sits in a deficit position. It is CDA's intention to recover its total investment in this program.

STATEMENT OF REVENUE AND EXPENSES (page 4 of the Audited Financial Statements)

This statement summarizes the financial activity of the Association during the year. More detail is provided further on in the financial statements and supplementary notes. The bottom line shows a surplus of \$852,326, \$813,349 more than budgeted. There are several factors involved in this figure explained as part of the notes below. However, the three most significant factors are the recovery of prior year legal expenses (\$225,101), the recovery of prior year GST expense (\$72,290) and a transfer of overhead expense to the CDAnet program (\$130,000). These three items account for \$427,391 of the surplus.

STATEMENT OF REVENUE AND EXPENSES AND EQUITY

LIBRARY TRUST FUND (page 5 of the Audited Financial Statements)

The Library Trust Fund, under its terms, provides funding principally for the purchase of texts and periodicals for the CDA Library. With the grant awarded by the Canadian Dental Foundation toward the operating costs of the Library, a majority of costs are covered in this manner. The Library Trust Fund, however, has been maintained and a portion of the CDF grant was transferred into this fund.

STATEMENT OF REVENUE AND EXPENSES AND EQUITY

GRIEVE MEMORIAL LECTURESHIP FUND (page 6 of the Audited Financial Statements)

The Grieve Memorial Lectureship Fund is used to sponsor a lecture, offered at the time of the CDA Annual Dental Meeting on the topic of orthodontics. The donation in 1992 was from the Canadian Association of Orthodontists.

NOTES TO THE FINANCIAL STATEMENTS (pages 7 & 8 of the Audited Financial Statements)

The formal "Notes to the Financial Statements" are provided by the auditors to explain the methodology used in preparing the financial statements and to outline any significant accounting policies.

With regard to note 5, it should be noted that Management believes that because CDA is a non-profit organization providing membership services that are for the most part consistent and, further, that the majority of CDA revenue comes from annual membership fees which are used within the year to provide these services, the statement of changes in financial position is not a particularly useful management tool.

SCHEDULE OF REVENUE (page 9 of the Audited Financial Statements)

The schedule of revenue, and the subsequent schedule of expense, provides details not shown in the statement of revenue and expense on page 4 of the Audited Financial Statements. The totals, however, are the same.

FEES

Active Fees

Revenue derived from Active fees was up from 1992 primarily as a result of the increase in the membership fee which rose from \$395 to \$410. The number of active members increased in 1993 over 1992, by 64. (For further information on the breakdown of membership fee income, see the schedule on page 12 of the Audited Financial Statements)

Affiliate Fees

Affiliate fee income was down slightly from the previous year, despite the fee increase, representing a drop of 42 affiliate members.

Supporting Fees

Supporting fee income was on budget and modestly ahead of 1992. There was an increase of 12 members.

Student Fees

Student fee income was up from 1992 actual figures and relatively close to budget. There was an increase in the number of post-graduate student members, but the increased

income is principally a matter of timing as there was no significant change in the number of undergraduate student members. The problem of timing is associated with the academic year and the voluntary nature of student fees. The fees for the academic year are sometimes not remitted until the new calendar year and because they are not mandatory they cannot be set up as a receivable. Hence, in any given calendar year, you can have an unusually high or low number.

Retired Fees

There was a slight increase in this category.

Corporate Fees

There was modest growth in corporate fee income.

Licensing Body Grants

There was also modest growth in the number of licensed dentists and hence in the Licensing Body Grants.

F.D.I.

Up somewhat from the year before, FDI income represents the difference between fees collected from dentists in Canada and the amount remitted to FDI. The difference is used to offset expenses incurred in FDI membership promotion, administration and foreign exchange.

NON DUES INCOME

Accreditation Surveys

This item includes income from college surveys, income collected by the ACFD towards university surveys, hospital surveys and a contribution by the National Dental Examining Board. Of note, University survey income was up but this was balanced by a drop in hospital survey income.

Consumer Product Recognition

This item represents income from the seal of recognition program which in addition to toothpaste, toothbrushes and surgical gloves now includes sugarless chewing gum. In 1993, a record number of applications were processed.

Dental Aptitude Test

This item represents fees charged for the DAT exam as well as income from the sale of additional test supplies. The number of applicants writing the test was up rather significantly from the previous year, 1,763 compared to 1,567.

Merchandise

This revenue is generated from a number of sources including Dental Awareness Program merchandise, pamphlet sales, Dental Health Month material sales and other merchandise offered for sale by CDA. Delays in getting new Patient Information System material to market hurt sales which fell significantly from the high level in 1992.

Library

Library income includes a grant from the Canadian Dental Foundation towards the operating expenses of the Library. Due to lower interest rates, the grant from the DCF in 1993 was well below expectations; a total of \$95,650 was received of which \$31,650 was transferred to the Library Trust Fund. In 1992, the total grant to CDA amounted to \$217,000 including a special one time grant of \$75,000; \$22,000 of the total was transferred to the Library Trust Fund. The balance of the income was generated from the sale of library services which, at approximately \$28,000, was almost double the amount from the previous year.

Conferences and Seminars

This item includes grants totalling over \$19,000 received from the CFDE toward the Teaching and Student Conferences, an administrative fee charged against the convention account and a surplus generated by CDA's Practice Management Seminars. Income was higher in 1993 primarily as a result of increased income for the Teaching Conference and a \$5000 increase in the convention administration fee.

Journal Revenue

Journal revenue from the sale of commercial advertising exceeded prior year income as performance in this area continued on an upward trend. Advertising sales were up 13%. This item also includes income from classified advertising and the sale of reprints.

Property

An increase in property revenue, from the rental of space in the CDA building, reflected the lease of space to the Canadian Medical Association.

Interest

Improved cash flows helped to increase interest income in 1993 despite lower interest rates.

Other Income

Other income consists of royalties received from the Affinity Card program, travel programs, mailing services, foreign exchange, provincial sales tax refunds, administrative fees, and other miscellaneous sources. Lower royalties and fewer sales tax refunds resulted in income dropping.

Recovery of prior year expenses

As a result of a Revenue Canada GST audit, CDA determined that it could apply a different input tax credit formula to its expenses and as a result submitted a claim against taxes paid in 1991 and 1992. Also, through its Errors and Omissions Insurance and from CDSPI, CDA recovered a large portion of the legal fees paid in prior years incurred in relation to the QDSA CDIP lawsuit.

SCHEDULE OF EXPENSES (pages 10 & 11 of the Audited Financial Statements)

Kindly note that in those areas where there was little change in financial activity, no explanatory notes are provided. Also, readers should be aware that where possible expenses are recorded by project area. However, general overhead expenses including staff costs are recorded as an "administration expense" and are not prorated by project area.

EXECUTIVE SERVICES

Board of Governors

Board of Governors expense was below budget and below prior year expenses. Per diem expense was lower than budget due to the one day interim meeting. As well, printing and postage costs for resource books and transactions were lower.

Executive Council

Executive Council meeting expenses were close to budget. The increase over the previous year was due in part to media training, which was postponed in 1992, and to costs related to the Executive Council Working Group on Membership Concerns, which accounted for close to \$16,000 in expense.

Management Committee

This item includes the cost of regular committee meetings and intercorporate meetings, honoraria payments and grants and donations, including a \$20,000 grant to the CFDE. Regular meeting costs were almost exactly the same as in 1992, but other meeting costs were up based on activity. Honoraria payments rose modestly.

President's Expenses

President's expenses were up primarily due to much higher accommodation costs. The cost of the President's Installation Dinner is also charged to this account and expenses for this event were basically the same as the prior year.

Constitution and By-Laws

No comment.

FDI

This item represents the corporate fee paid to FDI, \$24,853 in 1993 compared to \$25,703 in 1992. Costs related to the attendance of CDA delegates at the FDI congress normally included in this line item were charged to the FDI 1994 meeting account given that the majority of their time in Goteburg was spent promoting FDI '94. This practice was followed in 1992 as well.

Intercorporate Relations

This item represents the Executive Director's travel related to corporate member activities and also includes costs related to CDA participation in the Secretaries Conference. Travel costs were up over 1992 due to increased activity.

Nominations

Expenses related to Nominations and Awards were lower than the previous year, due mainly to fewer award recipients for which CDA funds attendance to the annual presentation ceremonies and the grant from Dentsply for the luncheon.

New Projects

This is a budget item included each year to allow Executive Council and Management some discretion to deal with issues that arise during the year.

PROFESSIONAL SERVICES

Accreditation

This item includes Commission and related committee expenses, as well as the cost of conducting surveys. Expenses related to meetings and Commission activity were down almost \$10,000 from 1992 primarily because of heavy translation costs incurred in 1992 and also because of lower travel and accommodation charges in 1993. Survey costs, based primarily on the schedule of surveys were down as a group.

Consumer Product Recognition

Expenses were on budget. They were higher than last year due to additional committee activity.

Dental Aptitude Test Program

Expenses include the cost of running the DAT program as well as related committee expenses. Program expenses were consistent with the previous year but committee expenses were down due to lower travel and accommodation costs.

Dental Materials and Devices

Travel and meeting costs were slightly lower than expected.

Dental Specialties

This committee was disbanded in 1993; expenses were related to CDA hosting a meeting of the specialty sections at the time of the Interim meeting.

Education

This line item includes the Council on Education as well as expenses related to the Teaching Conference. Expenses were modestly over budget; they increased from 1992 primarily as a result of higher Teaching Conference costs in 1993, which were in part offset by related revenue.

Ethics

No comment.

Community & Institutional Dentistry

Costs were modestly over budget as work on the Hazardous Waste Proposal Guide was wrapped up. It was expenses related to this project that inflated the 1992 expense.

MEMBER SERVICES

Government Relations

Expenses in this area, which include the Medical Services Branch Committee, are related to lobbying and other liaison activities. There was little formal meeting activity; the bulk of the expense was related to the Government Relations Dinner held at the time of the Interim Board Meeting at which Craig Oliver was the guest speaker.

Information Services

Information Services is made up of several component expenses including the Dental Awareness and Dental Health Month Programs. This area also includes the inventory expense of merchandise sold in both of these programs, the net amount of the DAP "special projects" which are corporately funded program initiatives and the meeting expenses of the Communication Steering Committee. Expenses in most of these areas were close to budget. Steering Committee meeting expenses were consistent with the previous year but consulting costs increased total expenses in 1993. Expense in the DAP area was the same as in 1992. The Special Projects area ended the year in the black. The big reduction in expenses was related to the drop in merchandise production expense down over \$130,000 due to lower sales. Sales and promotion costs were higher than previous years but delays in getting product to market hurt sales.

Insurance and Investments

Expenses related to CDA administration of the CDIP and CDA RSP are being tracked and charged to this account. Legal expenses related to the QDSA law suit were charged to this account as well; they amounted to \$132,777 in 1993, well above the \$100,000 estimated and represent the majority of expense in this area.

Membership

Membership promotion was again a high priority in 1993 and accordingly the budget reflected this. Actual expense was held below budget. Expenses were related to the "speaker tours", where the President or his designate attended various local society meetings to discuss CDA activities, the brochures and other publications related to membership promotion and Committee meeting costs. Expenses also included consulting fees related to membership marketing strategy.

Publications

This item includes expenses related to the Journal and the Communique including the annual review edition. Expenses in total were up from the previous year with printing and sales commission costs being the principal reasons. Expenses were compensated by increased revenue.

Student Affairs

This item includes Committee expenses, student membership promotion expenses and expenses related to the student conference in 1993. Costs related to the "Grad Binder" which is a collection of policy statements and programs and services, used for promotional purposes was charged to this account as well.

Taxation

Taxation Committee expenses were up as expected over 1992. Work related to the development of an associate agreement contributed to the higher costs.

Third Party Plans

Third Party Committee expenses were on par with last year. Meeting costs were below budget.

Library

Library expenses, that is those expenses directly related to Library activities but exclusive of overhead, were held below budget in 1993 although activity was relatively constant. Fairly significant money was saved by moving to a CD-Rom version of the Medline database, away from on-line searching. As well, the library acquired its own facsimile machine.

ADMINISTRATION

Staff

Staff expense includes staff salaries, benefits, travel, training, temporary staff and other related expense items. Expenses in 1993 were 1.4 per cent higher than in 1992.

Operations

Operations expense, which include telephone charges, office equipment, insurance, stationary and other overhead expenses, was held below budget and only marginally over

the previous year expense. This line item also includes the net GST expense for the Association which amounted to \$138,832 in 1993.

Property

Property expense in 1993 was also held below budget and increased only slightly over 1992 costs. Depreciation expense of \$162,062 and mortgage interest expense of \$130,477 are included in this item.

Recovery from CDAnet Fund

An internal charge or transfer of \$130,000 was levied against the CDAnet account representing a proportional share of overhead expenses. 1993 represented the first year such a charge was calculated.

SCHEDULE OF MEMBERSHIP BY PROVINCE (page 12 of the Audited Financial Statements)

This section of the statements is provided for information and represents a record of membership fees received by CDA during the year. Figures are not always divisible by the current year's fee because of previous year payments recorded in the current year, partial payments or foreign exchange.

CANADIAN DENTAL RESEARCH FOUNDATION (separate statements)

The activity in the CDRF was similar to previous years. Interest income was lower due to interest rates. The biennial CDRF award was presented in 1993.

CANADIAN DENTAL ASSOCIATION

FINANCIAL STATEMENTS

DECEMBER 31, 1993

CANADIAN DENTAL ASSOCIATION
INDEX TO FINANCIAL STATEMENTS

DECEMBER 31, 1993

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12	Schedule of Expenses Member Services Administration
13	Schedule of Membership Revenue by Province
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McCAY, DUFF & COMPANY

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AUDITORS' REPORT

To the Members of
Canadian Dental Association.

We have audited the balance sheet of the Canadian Dental Association as at December 31, 1993 and the statements of revenue and expenses, equity and revenue, expenses and equity for the Library Trust Fund and The Grieve Memorial Lectureship Fund for the year then ended. These financial statements are the responsibility of the association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects the financial position of the Association as at December 31, 1993 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

McCay, Duff & Co.

Chartered Accountants.

Ottawa, Ontario,
March 25, 1994.

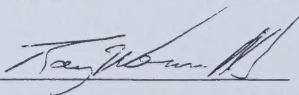
CANADIAN DENTAL ASSOCIATION

BALANCE SHEET

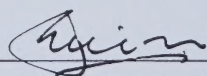
AS AT DECEMBER 31, 1993

	ASSETS	1993	1992
CURRENT			
Cash		\$ 624,223	\$ 851,973
Short-term investments		1,527,866	-
Accounts receivable		372,697	297,602
Inventory		109,199	85,439
Prepaid expenses		661,581	422,010
		3,295,566	1,657,024
CAPITAL (note 3)		2,308,840	2,489,654
		5,604,406	4,146,678
	TRUST ASSETS		
Cash		21,872	19,432
Accounts receivable		1,400	-
Prepaid expenses		17,855	15,446
		41,127	34,878
		\$5,645,533	\$4,181,556
	LIABILITIES		
CURRENT			
Accounts payable		\$ 409,354	\$ 418,215
Deferred revenue		2,114,031	1,270,350
Current portion of long-term debt		204,070	177,945
		2,727,455	1,866,510
LONG-TERM DEBT (note 4)		1,091,746	1,305,856
		3,819,201	3,172,366
	EQUITY		
Surplus		2,434,853	1,582,527
Convention Reserve Fund		373,318	252,676
CDAnet Fund (deficit)		(1,022,966)	(860,891)
		1,785,205	974,312
	TRUST EQUITY		
Library Trust Fund		22,771	15,667
The Grieve Memorial Lectureship Fund		18,356	19,211
		41,127	34,878
		\$5,645,533	\$4,181,556

Approved on behalf of the Board:



President



Executive Director

CANADIAN DENTAL ASSOCIATION

STATEMENT OF EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1993

	<u>1993</u>	<u>1992</u>
SURPLUS		
BALANCE - BEGINNING OF YEAR	\$1,582,527	\$1,381,865
Net revenue for the year	<u>852,326</u>	<u>200,662</u>
BALANCE - END OF YEAR	<u>\$2,434,853</u>	<u>\$1,582,527</u>
CONVENTION RESERVE FUND		
BALANCE - BEGINNING OF YEAR	\$ 252,676	\$ 191,590
Convention revenue	1,069,872	650,828
Convention expenses	(949,230)	(589,742)
Net convention revenue for the year	<u>120,642</u>	<u>61,086</u>
BALANCE - END OF YEAR	<u>\$ 373,318</u>	<u>\$ 252,676</u>
CDAnet FUND		
UNRECOVERED DEVELOPMENTAL EXPENSES		
BALANCE - BEGINNING OF YEAR	\$ 714,109	\$ 736,444
Royalty revenue	(47,872)	(22,335)
BALANCE - END OF YEAR	666,237	714,109
UNRECOVERED OPERATIONAL EXPENSES		
BALANCE - BEGINNING OF YEAR	146,782	-
Current year expenses	<u>209,947</u>	<u>146,782</u>
BALANCE - END OF YEAR	<u>356,729</u>	<u>146,782</u>
TOTAL DEFICIT - END OF YEAR	<u>\$1,022,966</u>	<u>\$ 860,891</u>

CANADIAN DENTAL ASSOCIATION
STATEMENT OF REVENUE AND EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 1993

	1993		1992
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
REVENUE			
Fees (Page 10)	\$4,046,134	\$4,069,743	\$3,906,982
Non-dues (Page 10)	<u>1,746,227</u>	<u>2,177,752</u>	<u>1,816,791</u>
	5,792,361	6,247,495	5,723,773
EXPENSES			
Executive Services (Page 11)	591,349	586,012	533,434
Professional Services (Page 11)	385,141	330,355	355,245
Member Services (Page 12)	1,634,278	1,571,994	1,634,328
Administration (Page 12)	<u>3,142,616</u>	<u>2,906,808</u>	<u>3,000,104</u>
	<u>5,753,384</u>	<u>5,395,169</u>	<u>5,523,111</u>
NET REVENUE FOR THE YEAR	\$ <u>38,977</u>	\$ <u>852,326</u>	\$ <u>200,662</u>

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

STATEMENT OF REVENUE, EXPENSES AND EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1993

	<u>1993</u>	<u>1992</u>
REVENUE		
Interest	\$ 212	\$ 60
Donations	<u>31,650</u>	<u>22,000</u>
	31,862	22,060
EXPENSES		
Books	4,345	5,484
Miscellaneous	442	391
Subscriptions	<u>19,971</u>	<u>12,016</u>
	<u>24,758</u>	<u>17,891</u>
NET REVENUE FOR THE YEAR	7,104	4,169
Equity - beginning of year	<u>15,667</u>	<u>11,498</u>
EQUITY - END OF YEAR	<u>\$22,771</u>	<u>\$15,667</u>

CANADIAN DENTAL ASSOCIATION
 THE GRIEVE MEMORIAL LECTURESHIP FUND
 STATEMENT OF REVENUE, EXPENSES AND EQUITY
 FOR THE YEAR ENDED DECEMBER 31, 1993

	<u>1993</u>	<u>1992</u>
REVENUE		
Donation	\$ -	\$ 6,000
Interest	<u>569</u>	<u>817</u>
	569	6,817
EXPENSES		
Awards	<u>1,424</u>	<u>2,178</u>
NET REVENUE (EXPENSES) FOR THE YEAR	(855)	4,639
Equity - beginning of year	<u>19,211</u>	<u>14,572</u>
EQUITY - END OF YEAR	<u>\$18,356</u>	<u>\$19,211</u>

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1993

1. SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

Revenue and expenses are recorded on the accrual basis, whereby they are reflected in the accounts in the period in which they have been earned and incurred respectively, whether or not such transactions have been finally settled by the receipt or payment of money.

(b) Inventory

Inventory is stated at the lower of cost and net realizable value.

(c) Amortization

All major capital asset expenditures are capitalized and amortized while minor capital asset expenditures are expensed in the year of acquisition.

Amortization is provided on the straight line basis as follows:

Building	- 40 years
Building improvements	- 10 years
Furniture and equipment	- 10 years
Data processing equipment	- 3 years

(d) Executive Pension Plan

The initial contribution made to the defined contribution pension plan is included in prepaid expenses and is being amortized on a straight line basis over six years.

2. CDAnet FUND

Since 1989, the Association has been developing an electronic data interchange program referred to as CDAnet. During 1990, the Association entered into contractual commitments with several provincial dental associations in connection with the distribution of income generated by the CDAnet program. A term of this agreement allows for the Association to recover its developmental and operating costs relating to CDAnet. In the event the operating costs become unrecoverable, they would be absorbed by the surplus account.

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 1993

3. CAPITAL ASSETS

	1993			1992
	Cost	Accumulated Amortization	Net	Net
Land	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Building	2,180,040	996,682	1,183,358	1,711,560
Building improvements	951,033	207,175	743,858	335,200
Furniture and equipment	425,188	139,019	286,169	328,688
Data processing equipment	280,505	280,505	-	18,751
Chain of office	12,540	-	12,540	12,540
	<u>\$3,932,221</u>	<u>\$1,623,381</u>	<u>\$2,308,840</u>	<u>\$2,489,654</u>

4. LONG-TERM DEBT

	1993	1992
Mortgage, payable \$14,038 monthly, including interest at 9.75%, maturing April 27, 1997, secured by land and building	\$1,295,816	\$1,483,801
Current portion	<u>204,070</u>	<u>177,945</u>
	<u>\$1,091,746</u>	<u>\$1,305,856</u>

The Association has the option to pay down the balance by \$150,000 on each anniversary date. The intended principal payments in the next four years are as follows:

1994	\$204,070
1995	\$226,829
1996	\$249,484
1997	\$615,433

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 1993

5. STATEMENT OF CHANGES IN FINANCIAL POSITION

Under generally accepted accounting principles, a statement of changes in financial position forms a part of the financial statements of an organization. In the case of the Association, it would not provide additional useful information and consequently management is of the opinion it need not be included.

6. CONTINGENT LIABILITY

The Association has been named in a lawsuit, together with Canadian Dental Service Plan Incorporated and members of CDA's Executive Council in an action brought forward by the Quebec Dental Surgeons Association in regard to the use of surplus funds in the Canadian Dental Insurance Plan. The outcome of the matter is not readily determinable. As of December 31, 1993, net of expenses recovered through insurance and from CDSPI, approximately \$127,000 had been expended for legal representation. Additional expenses, and recoveries, are expected in 1994.

7. COMMITMENTS

- (a) The Association has entered into an agreement with FDI World Dental Federation to host the 82nd Annual World Dental Congress in 1994. In return for being granted the rights to host this event the hosting agreement requires the Association to commit to a payment of \$225,000 U.S., plus 15% of registration revenue from the international registrants in excess of 1,000.
- (b) The Association has committed to annual lease payments for equipment and services of approximately \$114,000.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1993

	<u>1993</u>		<u>1992</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
FEES			
Active	\$3,226,290	\$3,250,047	\$3,105,704
Affiliate	334,150	316,998	322,123
Supporting	14,452	14,836	11,949
Student	45,125	48,422	40,320
Retired	10,345	10,554	9,965
Corporate	127,362	132,306	128,382
Licensing body	285,910	293,230	286,670
F.D.I.	<u>2,500</u>	<u>3,350</u>	<u>1,869</u>
	<u>\$4,046,134</u>	<u>\$4,069,743</u>	<u>\$3,906,982</u>
NON-DUES			
Accreditation surveys	\$ 79,600	\$ 90,991	\$ 89,710
Consumer product recognition	62,000	111,381	38,009
D.A.T.	310,000	356,347	301,223
D.A.P. Merchandise	207,000	177,416	269,469
Library	147,500	91,668	207,293
Conferences and seminars	62,000	70,535	56,507
Journal	716,000	818,084	715,050
Property	81,127	81,767	63,265
Interest	30,000	45,634	27,105
Other	<u>51,000</u>	<u>36,538</u>	<u>49,160</u>
	1,746,227	1,880,361	1,816,791
Recovery of Prior Year's Expenses			
Goods and Services Tax	-	72,290	-
Legal representation concerning CDIP	<u>-</u>	<u>225,101</u>	<u>-</u>
	<u>\$1,746,227</u>	<u>\$2,177,752</u>	<u>\$1,816,791</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1993

	1993		1992
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
EXECUTIVE SERVICES			
Board of Governors	\$135,309	\$128,231	\$133,797
Executive Council	112,065	115,079	89,666
Management Committee	167,747	183,432	170,768
President's expenses	72,855	90,483	77,312
Constitution and by-laws	1,500	808	1,198
F.D.I.	28,288	24,853	25,851
Intercorporate relations	23,000	31,682	20,701
Nominations	15,585	11,444	14,141
New projects	35,000	-	-
	<u>\$591,349</u>	<u>\$586,012</u>	<u>\$533,434</u>
PROFESSIONAL SERVICES			
Accreditation	\$150,900	\$127,961	\$143,186
Consumer product recognition	16,167	17,576	12,408
D.A.T.	159,050	123,411	137,088
Dental materials and devices	9,739	7,973	6,841
Dental specialties	-	569	8,516
Education	30,807	33,497	16,809
Ethics	2,000	34	4,258
Community and institutional dentistry	16,478	19,334	26,139
	<u>\$385,141</u>	<u>\$330,355</u>	<u>\$355,245</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1993

	<u>1993</u>		<u>1992</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
MEMBER SERVICES			
Government relations	\$ 6,072	\$ 8,721	\$ 5,727
Information services	361,500	308,050	407,054
Insurance and investments	103,000	143,853	145,122
Membership	160,000	135,864	138,103
Publications	818,500	835,322	772,003
Student affairs	94,193	63,718	99,313
Taxation	6,872	7,179	3,532
Third party	29,195	24,247	21,671
Library	54,946	45,040	41,803
	<u>\$1,634,278</u>	<u>\$1,571,994</u>	<u>\$1,634,328</u>
ADMINISTRATION			
Staff	\$1,996,482	\$1,971,934	\$1,943,763
Operations	564,900	524,851	519,625
Property	581,234	540,023	536,716
	3,142,616	3,036,808	3,000,104
Less: Recovery from CDAnet Fund	-	130,000	-
	<u>\$3,142,616</u>	<u>\$2,906,808</u>	<u>\$3,000,104</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF MEMBERSHIP REVENUE BY PROVINCE

FOR THE YEAR ENDED DECEMBER 31, 1993

	Active	Affiliate	Support- ing	Student	Retired	Corporate	Licensing Body
Nfld.	\$ 54,940	\$ -	\$ 205	\$ 50	\$ 308	\$ 1,680	\$ 2,800
P.E.I.	18,450	-	-	-	-	588	980
N.S.	174,250	-	205	3,525	103	5,148	8,580
N.B.	96,350	-	-	-	103	3,000	5,000
Que.	218,913	181,323	1,640	17,075	2,153	19,140	63,000
Ont.	944,242	123,527	5,970	11,700	4,920	47,868	121,400
Man.	205,820	-	-	3,175	308	6,198	10,330
Sask.	134,890	-	-	3,213	-	4,284	7,140
Alta.	562,103	-	-	3,575	820	17,412	29,020
B.C.	840,089	-	205	5,284	1,025	26,988	44,980
Other	-	12,148	6,611	825	814	-	-
	<u>\$3,250,047</u>	<u>\$316,998</u>	<u>\$14,836</u>	<u>\$48,422</u>	<u>\$10,554</u>	<u>\$132,306</u>	<u>\$293,230</u>

FOR THE YEAR ENDED DECEMBER 31, 1992

	Active	Affiliate	Support- ing	Student	Retired	Corporate	Licensing Body
Nfld.	\$ 54,510	\$ -	\$ -	\$ 50	\$ 198	\$ 1,728	\$ 2,860
P.E.I.	17,775	-	-	75	99	552	940
N.S.	166,295	-	-	2,506	296	5,088	8,480
N.B.	88,648	-	-	22	-	2,940	4,900
Que.	223,590	200,068	691	13,988	2,469	18,492	61,920
Ont.	914,025	114,155	5,728	12,311	4,640	45,564	117,540
Man.	195,722	-	-	1,855	296	6,114	10,190
Sask.	130,183	-	-	2,019	198	4,416	7,360
Alta.	529,893	-	-	4,022	593	17,184	28,640
B.C.	785,063	-	395	2,741	888	26,304	43,840
Other	-	7,900	5,135	731	288	-	-
	<u>\$3,105,704</u>	<u>\$322,123</u>	<u>\$11,949</u>	<u>\$40,320</u>	<u>\$9,965</u>	<u>\$128,382</u>	<u>\$286,670</u>

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.ADMIN., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.
G. WARREN TRICKEY, B.COMM., C.A.
ROBERT D. SHANTZ, B.MATH., C.A.

CONSULTANT - ELDREN E. MCCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 236-2387
1 (800) 267-6551
FAX: 236-5041

AUDITORS' REPORT

To the Members of
Canadian Dental Research Foundation.

We have audited the balance sheet of the Canadian Dental Research Foundation as at December 31, 1993 and the statement of revenue and expense for the year then ended. These financial statements are the responsibility of the foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects the financial position of the foundation as at December 31, 1993 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

McCay, Duff & Co.

Chartered Accountants

Ottawa, Ontario,
March 25, 1994.

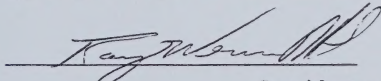
THE CANADIAN DENTAL RESEARCH FOUNDATION

BALANCE SHEET

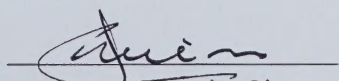
AS AT DECEMBER 31, 1993

	ASSETS	<u>1993</u>	<u>1992</u>
CURRENT			
Cash		\$ 2,547	\$58,550
Short-term deposits		61,000	5,000
Accrued interest receivable		<u>-</u>	<u>259</u>
		<u>\$63,547</u>	<u>\$63,809</u>
MEMBERS' EQUITY			
SURPLUS - BEGINNING OF YEAR		\$63,809	\$61,234
Net revenue (expense) for the year		(<u>262</u>)	<u>2,575</u>
SURPLUS - END OF YEAR		<u>\$63,547</u>	<u>\$63,809</u>

Approved on behalf of the Board:



 President



 Executive Director

THE CANADIAN DENTAL RESEARCH FOUNDATION
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEAR ENDED DECEMBER 31, 1993

	<u>1993</u>	<u>1992</u>
REVENUE		
Interest	\$1,967	\$2,575
EXPENSE		
Award	<u>2,229</u>	<u>-</u>
NET REVENUE (EXPENSE) FOR THE YEAR	(\$ <u>262</u>)	<u>\$2,575</u>

THE CANADIAN DENTAL RESEARCH FOUNDATION

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1993

1. SIGNIFICANT ACCOUNTING POLICY

Basis of Accounting

Revenue and expenses are recorded on the accrual basis, whereby they are reflected in the accounts in the period in which they have been earned and incurred respectively, whether or not such transactions have been finally settled by the receipt or payment of money.

2. STATEMENT OF CHANGES IN FINANCIAL POSITION

Under generally accepted accounting principles, a statement of changes in financial position forms a part of the financial statements of an organization. In the case of the Foundation it would not provide additional useful information and consequently management is of the opinion it need not be included.

1995 Per Diem and Honoraria Rates

The honoraria rates for 1995 will be as follows:

President:	\$48,768
President-Elect:	\$24,384
Vice-President:	\$24,384

The per diem rates for 1995 will be as follows:

	President, Past-President President-Elect Vice-President <u>Chairman of the Board</u>		Executive Council		Council/Commission/ Committee Chairman, Presidential Appointees	
	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>
<u>Meeting Days</u>						
Mon. to Fri.	876	438	612	306	408	204
Sat. - Sun.	438	219	306	153	204	102
<u>Travel Days</u>						
Mon. to Fri.	876	438	612	306	408	204
Sat. - Sun.	0	0	0	0	0	0

CDA GUIDELINES FOR CDA MEMORIAL DONATIONS

CDA wishes to pay respects and acknowledge the passing of members of the profession and others who have served the association and the profession of dentistry. As well, CDA wishes to express sympathy when these individuals lose a member of their immediate family.

Donations will be made to the Dentistry Canada Fund and may be designated to a specific arm of DCF. Where donations to specific charities have been requested by the family they will be taken into consideration.

As a general rule, the following levels of donation will be respected. However, circumstances may warrant exceptions.

Levels of donation:

- A. CDA Past Presidents, a member of Management Committee or Executive council.
- B. Immediate family member (spouse, child, mother or father) of a Past President, a member of Management or Executive Council.
- C. A member of the Board of Governors, President/CEO of an affiliated national dental organization or similar position, President/CEO of a corporate member.
- D. Others identified by Management Committee.

Effective 1994:

- A. \$1,000 B. \$500 C. \$500 D. \$250

June, 1994

COMMITTEE ON NOMINATIONS AND AWARDS

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. James Brookfield, Kirkland Lake - Chairman
Dr. Les Allen, Winnipeg
Dr. Bernard Dolansky, Ottawa
Dr. Kevin Roach, Pembroke

Senior Staff: Mr. Jardine Neilson, Executive Director
Mrs. Sandra Davis, Manager - Corporate Affairs

Coordinator: Ms. Martyne Giroux

Committee Meetings

Since the September 1993 Annual Meeting of the Board of Governors, the Committee on Nominations and Awards met on April 29, 1994, in Ottawa.

ITEMS REQUIRING BOARD ACTION

1. Elective Offices and Vacancies

Solicitation of nominations for elective offices and vacancies was conducted in accordance with the By-Laws and terms of reference of the Committee. All elective offices and vacancies for the 1994-95 term have been filled by eligible nominees. A nomination from the floor is required to fill a vacancy on the Committee on Nominations and Awards.

RESOLVED:

94.71 **THAT Dr. Ray Wenn be appointed to fill the vacancy on the Committee on Nominations and Awards.**

ADOPTED

Elections, as indicated in the appended table will be held during the Annual Meeting of the Board of Governors in Vancouver, British Columbia, October 2, 1994. Candidates for the position of Vice-President will address the assembly prior to the luncheon recess; elections will follow the Awards Luncheon. The list of nominees with biographical information is appended and comprises part of this report. The Call for Nominations and the nomination form are appended.

APPENDICES I & II

RESOLVED:

- 94.72 **THAT one ballot be cast to elect those candidates to offices and vacancies where no opposition exists.**

ADOPTED

RESOLVED:

- 94.73 **THAT Dr. Roy Thordarson, Chief Executive Officer/Registrar of the College of Dental Surgeons of British Columbia, and Mr. Jardine Neilson, Executive Director, Canadian Dental Association, be appointed the scrutineers.**

ADOPTED

Following elections by ballot for the position on the Committee on Community & Institutional Dentistry, the result was Dr. Timothy McGaw of Edmonton, Alberta.

Following elections by ballot for the position of Vice-President, the result was Dr. Barry Dolman, of Montreal, Quebec.

RESOLVED:

- 94.74 **THAT the ballots be destroyed.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. **Honorary Membership**

As quoted in the Terms of Reference, Honorary Membership is the highest award of the Association. Its purpose is to recognize individuals deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time.

This award may be for service that is provincial, national or international in nature, although an outstanding contribution at the national level shall be a principal consideration. It should in no way be viewed as an automatic award following a great number of years of practice and/or combination of above. Due to the distinctive nature of the Honorary Membership award, only in the most unusual circumstances will there be more than one or two awards conferred in any one year. An award each year shall not be considered a requirement.

The request for nominations for Honorary Membership was given a wide circulation including Corporate Members, Deans, Licensing Authorities, Specialty Sections and other dental organizations. In addition the CDA Journal was utilized as a vehicle to promote awareness of the awards process and, where appropriate, solicit nominees.

Executive Council approved the recommendation that Honorary Membership be granted to: Dr. Ralph Brooke and Dr. Ron J. Markey.

Background information is appended.

APPENDIX III

3. Distinguished Service Award

This award may be given to a dentist or other person to recognize either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental profession at the academic level, corporate level, specialty society, council, commission or committee level. An award each year shall not be considered a requirement.

The request for nominations for the Distinguished Service Award was given a wide circulation including Corporate Members, Deans, Licensing Authorities, Specialty Sections and other dental organizations.

Executive Council approved the recommendation that the Distinguished Service Award be granted to: Dr. Gordon Thompson and Dr. Roy Thordarson.

Background information is appended.

APPENDIX IV

4. Award of Merit

This award will be conferred upon an individual CDA member who has served in an outstanding capacity in the governing of the Canadian Dental Association or similar outstanding contribution to Canadian dentistry, such as:

- at least 2 full terms as governor of the Association;
- at least 2 full terms on the Executive Council;
- a number of years of service to any dental organization, institution or specialty section;
- at least 4 years as a Council/Committee Chairman

The request for nominations for the Award of Merit was given a wide circulation including Corporate Members, Licensing Authorities, Specialty Sections and other dental organizations.

Executive Council granted the Award of Merit to: Dr. Guy Maranda and Dr. Ian Vogan.

Background information is appended.

APPENDIX V

5. **Certificate of Merit**

The Certificate of Merit recognizes any special service at any level of dentistry within the country. In general, it will be reserved for dentists and other persons who have given at least one full term of service in such areas as Councils/Committees of the Association, or long standing service at the corporate or specialty society level. An award each year shall not be considered a requirement.

A list of recipients for 1993-94 is found in the Executive Council report.

6. **Special Friend of Canadian Dentistry Award**

The Special Friend of Canadian Dentistry Award is designed in appreciation and thanks for friendship and assistance to the CDA.

Executive Council awarded the Special Friend of Canadian Dentistry Award to Mr. Michel Hart, Chairman, Ash Temple.

7. **CDA President's Award**

The CDA President's Award has not been raised since its inception several years ago. Executive Council approved the recommendation that the CDA President's Award be increased from \$250.00 to \$500.00. This change will be effective in 1995.

The list of recipients of the CDA President's Award for 1994 is appended.

APPENDIX VI

8. **Committees of Executive Council**

The Committee reviewed the composition and current membership of Committees of Executive Council.

APPENDIX VII

A concern was identified relating to the CDAnet Committee, since four of the seven-member committee will complete their third and final term at the 1995 Annual Meeting. Correspondence was forwarded to the Presidents and CEO's of the Ontario Dental Association, the Manitoba Dental Association, the Alberta Dental Association and the College of Dental Surgeons of Saskatchewan to bring this concern to their attention.

The terms of the members on the Communications and Membership Committee have been staggered. Information on the resulting terms is included in Appendix VII.

9. **Solicitation - New Members**

The Committee discussed the advisability of a different approach to obtain names of individuals interested in serving on Committees of Executive Council. These committees are not included in the formal nomination process, as more flexibility is desirable in the appointment of members. Provincial corporate members and Executive Council members are the usual source of nominees. The Committee believes there are benefits in communicating to members that CDA is not a "closed shop" and that there are opportunities to serve if individuals have the required qualification. However, a general outreach to the membership might lead to unfulfilled expectations.

To pilot this concept, information will be published in future issues of the CDA Journal or Communiqué which will describe the various Committees of Executive Council, and the expertise needed to serve as a member. Those interested in future service will be asked to contact CDA. Names of interested, qualified candidates will be kept in a data bank for future consideration.

10. **New Award Category**

The Committee reviewed the possibility of creating a new award, under the category of the Special Friend of Canadian Dentistry, to recognize service by individuals outside of the profession from other dental jurisdictions, including the dental industry. The Committee agreed that no additional award category should be developed at this time. This decision was taken due to the fact that individuals outside the profession who are considered for a CDA award can be classified in any of the current award categories. The Committee's review of this matter also identified that other national health associations limit recognition of those outside of the professions/occupations they represent.

11. **CEO's Candidacy - CDA Awards**

Provincial associations and licensing bodies were canvassed for appropriate nominations for provincial CEOs.

APPENDIX VIII

12. **Update - Recognition of Service - CDA Offices**

The Presidents' Portrait Gallery, the Nicholas Mancini Boardroom and the plaques for the Honorary and Distinguished Service Award recipients have been completed. The Committee requested that a plaque be obtained which would recognize the recipients of the Special Friend of Canadian Dentistry.

13. **Letters of Appreciation**

Following recommendations of the Committee, Letters of Appreciation have been forwarded to individuals who are listed in the Executive Council report.

14. **Conflict of Interest Statements**

The Committee reviewed a summary of the Conflict of Interest Statements completed by members of the Committees of Executive Council. Since several statements have not been received, correspondence was forwarded to the Chairman of each Committee indicating that these statements are to be completed and returned to the CDA as soon as possible.

15. **Request from the National Capital Commission**

The Committee reviewed as information correspondence from the National Capital Commission concerning its commemoration program. Organizations are invited to commemorate an event, group or individual in the Capital Region.

16. **Appreciation**

The Committee on Nominations and Awards thanks all nominators for submitting nominees and continues to recommend that the provincial bodies be encouraged to recognize nominees through provincial awards.

17. **Canada Volunteer Award**

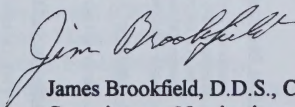
Nominations for candidates for the Canada Volunteer Award were solicited from members of the Board of Governors, Presidents & CEO's of Corporate Members and Presidents and CEO's of Specialty Sections.

No nominees were submitted for the Canada Volunteer Award for 1994.

18. **Closing Comments by Chairman**

I would like to express sincere thanks to the members of the Committee, as well as to Mr. Jardine Neilson, Mrs. Sandra Davis and Ms. Martyne Giroux for their assistance.

Respectfully submitted,



James Brookfield, D.D.S., Chairman,
Committee on Nominations and Awards

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Nominations and Awards.

NOMINATIONS - CDA ELECTIVE OFFICES - 1994

<u>OFFICE\INCUMBENT</u>	<u>COMMENT</u>	<u>ELIGIBILITY</u>	<u>TERM</u>	<u>NOMINEES\AFFILIATIONS</u>
<u>Chairman of the Board</u>				
Dr. N.A. Mancini	Annual Election	Active or Honorary Member	1 year	1. Dr. N.A. Mancini (Ont.)
<u>Vice-President</u>				
Dr. J. Brookfield (Ont)	Annual Election	Member of the CDA Board of Governors	1 year	1. Dr. B. Dolman (Qué.) 2. Dr. T. Gushue (Nfld.) 3. Dr. B. White (Sask.)*
<u>Executive Council</u>				
Dr. J. Diggins (BC) 1994 (1) Dr. D. Somer (Ont.) 1994	Annual Election	Member of the CDA	2 years	1. Dr. J. Diggins (BC) 2. Dr. D. Somer (Ont.)
<u>Council on Education</u>				
Dr. G. Thompson (Alta/CDA) 1994 (2) Dr. D. Bonang (NS/Lic. Auth.) 1994 (2) Ms. S. Sunell (BC/CDHA) 1994 (1) Ms. M. Symes (Alta/CDAA) 1994 (2) Dr. R. Taché (Qué/ACFD) 1994 (1)	Annual Election to fill expired terms	CDA Member with stipulations	3 years	1. Dr. Thomas Raddall (NS) 2. Dr. R. Ellis (Ont.) 3. Ms. J. Clovis (NS) 4. Ms. A. Cant (NS) 5. Dr. R. Taché (Qué)
<u>Ethics Committee</u>				
Dr. B. Leroy (Alta) 1994 (1)	Annual Election	CDA Member with stipulations to fill expired terms	3 years	1. Dr. B. Leroy (Alb.)
<u>Commission on Dental Accreditation of Canada</u>				
Dr. H. Dick (Alta/ACFD) 1994 (2) Dr. K. Bentley (Qué/NDEB) 1994 (2) Dr. M. Lasko (Man./Lic. Auth.) 1994 (2) Mrs. M. Paquin (BC/CDAA) 1994 (2) Dr. I. Vogan (CDA/Dent. Spec.) 1994 (2)	Annual Election	CDA Member with stipulations to fill expired terms	2 years 3 years	1. Dr. D. Banting (Ont.) 2. Dr. L. Harder (Sask.) 3. Dr. E. McNeel (BC) 4. Mrs. B. Copp (NB) 5. Dr. Stephan Brayton (NS)
<u>Community & Institutional Dentistry</u>				
Mr. A. Dolan (Ont./Cdn. Hosp.) 1994 Dr. J. Hardie (BC/Dr. Biot/Ratno.) 1994 (2) Dr. T. Petty (Alta/G.P.) 1994 (1) Dr. G. Smith (Nfld/Ped. Dent.) 1994 (2) Maj. E. Swan (Ont./CFDS) 1995	Annual Election	CDA Member with stipulations to fill expired terms	3 years	1. Mr. A. Dolan (Ont.) 2. Dr. T. McGaw (Alb.) 3. Dr. P. Chaudin (Qué.) 3. Dr. T. Petty (Alb.) 4. Dr. R.D. Anderson (NS) 5. Maj. E. Swan (Ont.)

* Election required

BIOGRAPHICAL INFORMATION - Chairman of the Board

- NAME:** Nicholas A. Mancini
- ADDRESS:** 2188 King Street East
Hamilton, Ontario
L8K 1W6
- DATE/PLACE OF BIRTH:** April 23, 1922, Hamilton, Ontario
- PERSONAL:** Married - Josephine, October 10, 1949
3 sons, Michael Gerard, Nicholas Anthony Jr., John Patrick
- EDUCATION:** Elementary - St. Ann's School, Hamilton
Secondary - Cathedral High School, Hamilton
B.A. (Chem. Physics, Biology) University of Toronto
D.D.S. - University of Buffalo
- EXPERIENCE:** Served on original Foundation Committee for the Hamilton Theatre Auditorium Centre
Served on Hamilton Urban Renewal Committee
Served on Staff of Hamilton Civic Hospitals
Served on Board of Governors of Hamilton Civic Hospitals
Served Board of Directors of Social Planning and Research Council
Past Chairman, Ontario Separate School Trustees Association
Past Chairman, Canadian Catholic School Trustees Association
Past Chairman, Hamilton-Wentworth Roman Catholic Separate School Board (HWRCSSB)
School Trustee and Chairman of Education Committee of HWRCSSB
Past Chairman of the Board of Directors, Ontario School Trustees Council (O.S.T.C.)
Dominion Council of Health
Past President, Hamilton Academy of Dentistry
Past Grand Knight, Knights of Columbus, Hamilton
Member, Canadian Academy of Prosthodontists
Presently, Chairman, Board of Governors, ODA
Presently, Chairman, Board of Governors, CDA
Presently, Chairman of the Board, CDSPI
- AWARDS:** Accorded Papal Honor (Knighthood) Knight of St. George (K.S.G.)
Barnabus Day Award (ODA)
CDA Honorary Membership
Member - Pierre Fauchard Academy
(F.I.C.D.) - Fellow of International College of Dentistry

BIOGRAPHICAL INFORMATION - Vice-President

NAME: Barry Howard Dolman

ADDRESS: 5885 Cote des Neiges Rd., Suite 304
Montreal, Quebec, H3S 2T2

DATE AND
PLACE OF BIRTH: April 10, 1950, Montreal, Quebec

EDUCATION: B.Sc., McGill University - 1971
D.M.D., University of Montreal - 1975

POSITION/PRACTISE: Private Practice since 1975

EXPERIENCE: University of Montreal Clinician and Lecturer
Department of Preventive and Community Dentistry,
1976-1986
Quebec Dental Surgeons Association, Administrator,
Montreal Region-1985
Executive, Board of Directors - 1987 to present
Ad Hoc Committee of Insurance Expertise - 1989
First Deputy Executive Board - 1990
Director, Executive Board 1991
Canadian Dental Association; Board of Governors &
Executive Council 1989 to present
Chairman Membership 1993

ORGANIZATIONS: Alpha Omega Dental Fraternity 1975
Mount Royal Dental Society, 1975 to present
Ordre des Dentistes du Quebec, 1975 to present
National Dental Examining Board of Canada 1975
Canadian Analgesia Society of Montreal 1975
Royal College of Dental Surgeons of Ontario 1977
College of Dental Surgeons of British Columbia 1980

OTHER: Married to Colette, four children.

BIOGRAPHICAL INFORMATION - Vice-President

NAME: Toby J. Gushue

ADDRESS: Village Mall, Box 93, St. John's, NF, A1E 4N1

POSITION/PRACTISE: General Practice, St. John's, NF

DEGREES: B.A. (Ed), 1964, Memorial University
B.A., 1968, Memorial University
D.D.S., 1973, Dalhousie University

EXPERIENCE: Teacher, 1964-1969
Training Officer, Cadet Services of Canada, 1960-69
General Practice, 1973-present
President, Avalon Dental Study Club, 1978
Executive Director, NDA, 1980-87
Member, Executive Committee, NDA, 1980-present
Chairman, Public Relations Committee, NDA, 1978-91
Editor, NDA Newsletter
Chairman, Continuing Education Committee, NDA
Chairman, Convention Committee, NDA
Member, CDA Third Party Dental Plans Committee, 1984-91
Chairman, CDA Third Party Dental Plans Committee, 1989-91
Member, CDA EDI Subcommittee, 1986-90
Member, CDAnet Committee, 1990-1993
Board of Governors, CDA, 1987-present
Executive Council, CDA, 1991-present
Executive Liaison, CDAnet Committee, 1991-1993
Executive Liaison, CDA Student Affairs Committee, 1991-1992
Executive Liaison, CDA Committee on Community and Institutional Dentistry, 1992-1993
Member, CDA Communications Steering Committee, 1992-present
Executive Liaison, CDA Ethics Committee, 1993-present
Executive Liaison, Council on Insurance and Investment
Member, Board of Directors, CDSPI, 1993-present
Member, Committee on Review of CDA Structure, 1993-present

MEMBERSHIPS: Newfoundland Dental Association
Canadian Dental Association
International Dental Federation
Pierre Fauchard Academy
Business Association of Newfoundland & Labrador
Waterford Valley Rotary Club

BIOGRAPHICAL INFORMATION - Vice-President

NAME: Bernard E. White

ADDRESS: 801 CN Towers, Saskatoon, Saskatchewan, S7K 1J5

DATE AND PLACE OF BIRTH: January 6, 1948, Foam Lake, Saskatchewan

PRACTISE: Private Practice since 1972

EDUCATION: Elementary and Secondary - Foam Lake
D.M.D., University of Saskatchewan, 1972

EXPERIENCE: President, Student Dental Society, University of Saskatchewan, 1971-72
Delegate, First Canadian Dental Student's Conference, 1969
President, Saskatoon Dental Society, 1979
Member of Council, College of Dental Surgeons of Saskatchewan, 1979-84
President, College of Dental Surgeons of Saskatchewan, 1983
Governor, Canadian Dental Association, 1990-present
Executive Council, Canadian Dental Association, 1990-present
Past or present Executive Liaison, Canadian Dental Association to Committees on - Student Affairs, Consumer Products Recognition, Dental Materials and Devices, Third Party Dental Plans, Taxation, DAT, Ethics, Communication Steering and the Council on Constitution and By-Laws.

ORGANIZATIONS: Canadian Dental Association
College of Dental Surgeons of Saskatchewan
Saskatoon Dental Society
International College of Dentists
Canadian Association of Dental Consultants

OTHER: Clinical Instructor, College of Dentistry, University of Saskatchewan, 1977-87
Clinical Examiner, National Dental Examining Board of Canada, 1983-86
Dental Consultant, MSI-Blue Cross (Sask.) 1989-present
President, Executive Member, Saskatoon Marian Gymnastic Club, 1979-88
East College Park Community Association, 1986-90
Saskatoon Blades Booster Club, 1973-81

BIOGRAPHICAL INFORMATION - Executive Council

NAME: John Diggins

ADDRESS: 350, 2425 Oak Street, Vancouver, BC V6H 3S7

DATE AND PLACE OF BIRTH: Vancouver, BC, April 4, 1946

POSITION/PRACTISE: Private Practice

EDUCATION: B.Sc., University of British Columbia 1968
D.M.D., University of British Columbia 1972
M.S.D., University of Washington 1979
F.R.C.D.(C), Royal College of Dentists 1982

EXPERIENCE: College of Dental Surgeons of British Columbia:
President 1990-present
Chairman, Inquiry Council 1985-86
Executive Member 1985-present
Chief Examiner, Specialty Examination Committee 1983-84

Governor, Canadian Dental Association 1988-present
President, British Columbia Society of Endodontists 1985
Consultant, Dental Services for South East Asian Refugees 1980-82
Member - UBC President's Selection Committee for Dean of Dentistry 1987-88
Assistant Professor - Department of Oral Medicine and Surgical Sciences 1987-88
Visiting Staff - Children's Hospital 1988

MEMBERSHIPS: Canadian Dental Association
International College of Prosthodontists
British Columbia Society of Endodontists
Canadian Academy of Endodontists
American Association of Endodontists
Vancouver and District Dental Society

BIOGRAPHICAL INFORMATION - Executive Council

NAME: David J. Somer

ADDRESS: 75 Wendover Drive, Hamilton, Ontario L9C 2S7

POSITION/PRACTISE: Private General Practice in Hamilton since 1965
Active Staff - Hamilton Civic Hospitals
Courtesy Staff - Chedoke - McMaster Hospitals

EDUCATION: Graduated from University of Toronto - 1965

EXPERIENCE: Ontario Dental Association - Chairman, employment issues committee
Ontario Dental Association - representative to CDA Executive Council
CDA - Executive Council
CDA - Executive liaison to the following committees:
- Dental Materials and Devices
- Student Affairs
- Communications Steering Committee
- Sub-Committee on Restructuring
Member Allied Dental Health Advisory Committee - Niagara College - Welland, Ontario
Hamilton Academy of Dentistry - President - 1987-1988
Ontario Dental Association - President 1991-1992
Ontario Dental Association - 6 years on board of governor
Ontario Dental Association - 5 years on executive council
Canadian Dental Association - Governor for 4 years

ORGANIZATIONS: Ontario Dental Association
Canadian Dental Association
Hamilton Academy of Dentistry

BIOGRAPHICAL INFORMATION - Council on Education (CDA)

NAME: Dr. Thomas H. Raddall II

ADDRESS: P.O. Box 910
Liverpool, NS
B0T 1K0

DATE/PLACE OF BIRTH: November 22, 1934
Liverpool, NS

PRACTICE: General Practice

EDUCATION: B. Sc. Acadia University 1957
D.D.S. Dalhousie University 1961

EXPERIENCE: Member - Provincial Dental Board of Nova Scotia for ten years
President - Provincial Dental Board of Nova Scotia for the past five years
Executive Committee of the Nova Scotia Dental Association for five years
Faculty Council of Dalhousie Dental School for ten years
Member - Accreditation survey team at Dalhousie Dental School March 1994.

ORGANIZATIONS: Nova Scotia Dental Association
Canadian Dental Association
President of the Provincial Dental Board of Nova Scotia (1989 - June, 1994)

FAMILY: Wife - Pam
Three children - Debbie, Blair, Tom H. III
Tom III and Blair both dentists practicing with me in Liverpool

BIOGRAPHICAL INFORMATION - Council on Education (Licensing Authority)

NAME: Roger Langrick Ellis

ADDRESS: 6 Crescent Road, Fifth Floor, Toronto, Ontario, M4W 1T1

DATE AND
PLACE OF BIRTH: April 30, 1932, Almonte, Ontario

POSITION/
PRACTISE: Registrar, Royal College of Dental Surgeons of Ontario

EDUCATION: Renfrew Collegiate
University of Toronto, D.D.S.
University of Toronto - Post Graduate Studies, D.D.P.H.
M.Sc. (Health Admin.)

DEGREES: D.D.S. 1956
D.D.P.H. 1968
M.Sc. 1970

EXPERIENCE: General Practice - 1956-66 - Preston
Full-time post graduate studies - 1967-68
Research Associate, Department of Public Health Faculty of Dentistry,
University of Toronto - 1968-69
Assistant Professor, Department of Community Dentistry, Faculty of
Dentistry, University of Toronto, 1969-73
Professor and Chairman, Department of Dental Health Care, Faculty
of Dentistry, University of Alberta, 1979-88
Deputy Registrar, The Royal College of Dental Surgeons of Ontario,
1988-89
Registrar, The Royal College of Dental Surgeons of Ontario 1990-
present

ORGANIZATIONS: Ontario Dental Association
Canadian Dental Association
P.G. Anderson Study Club
Alpha Beta Gamma
F.I.C.D.
F.R.C.D.(C)
F.A.C.D.

OTHER: Faculty Council - Chair, University of Toronto, Faculty of Dentistry -
1990-present

AWARDS: Glen T. Mitton Medal
Donald T. Fraser Medal

BIOGRAPHICAL INFORMATION - Council on Education (CDHA)

NAME: Joanne Clovis

ADDRESS: 420-1333 South Park Street, Halifax, NS, B3J 2K9

DATE AND

PLACE OF BIRTH: May 10, 1947, Medicine Hat, Alberta

EDUCATION:

1985 - Master of Science, University of Alberta, Edmonton,
Alberta - Preventive Dental Health
1974 - Bachelor of Education, University of Alberta, Edmonton,
Alberta, Biological Sciences
1967 -Diploma in Dental Hygiene, Certificate in Public Health,
University of Alberta

EXPERIENCE:

1990-present - Director of the School of Dental Hygiene,
Dalhousie University
1988-present - Associate Professor, School of Dental Hygiene,
Dalhousie University, Halifax, Nova Scotia

ORGANIZATIONS:

Nova Scotia Dental Hygienists' Association, Alberta Dental
Hygienists' Association and Canadian Dental Hygienists'
Association
Discipline Committee for Dental Hygiene, Nova Scotia Dental
Board
Editorial Board, The Canadian Dental Hygienists' Association,
Journal Probe
American Association of Dental Schools
American Association of Public Health Dentistry

AWARDS:

1987 - Honorary Life Membership granted by the Canadian
Dental Hygienists Association
1987 - J. Clovis Gold Medal Award established by Alberta
Dental Hygienists Association in recognition of community
service; J. Clovis first recipient
1966 - Dr. M. Lipkind Award for general proficiency in First
Year Dental Hygiene

BIOGRAPHICAL INFORMATION - Council on Education (CDA)

NAME: Ann Elizabeth Cant

ADDRESS: 7 Laurel Lane, Halifax, Nova Scotia, B3M 2P7

EDUCATION: 1979-81 - Nova Scotia Summer School - Institute of Technology, Halifax, NS, Vocational Teacher's License
1975 - Nova Scotia Community College - Institute of Technology, Halifax, NS - Dental Assisting Certificate
1971 - Saint Patrick's High School, Halifax, NS - Grade 12 Academic

EXPERIENCE: Present - Nova Scotia Community College - Institute of Technology Campus, Halifax, NS - Dental Assisting Instructor
1978-1979 - Dockyard Military Base, Halifax, NS - Chairside Dental Assistant
1975-1978 - Dr. Paul Hogan, Lower Sackville, NS - Chairside Dental Assistant, Dental Receptionist, Order Supplies, Laboratory Assistant

OTHER: Employment Registrar for Dental Assistants in Nova Scotia since 1979
Representative for Dental Assistants on the Nova Scotia Discipline Committee
Dental Assistant Representative on the Nova Scotia Dental Continuing Education Committee
Continuing Education Instructor (evening and weekend courses) for Level II Intra-Oral Training
Chairperson of the Nova Scotia Dental Assistants' Dental Health Committee
Past-president, Nova Scotia Dental Assistants' Association

ORGANIZATION: Canadian Dental Assistants' Association
American Association of Dental Schools

BIOGRAPHICAL INFORMATION - Council on Education -(ACFD)

NAME: Henri-Richard Taché

ADDRESS: 1739 du Manoir
Outremont, Québec
H2V 1B7

POSITION/
PRACTICE: Professeur agrégé, Médecine
dentaire/restauration, Université de Montréal

EDUCATION: 1966 B.A. Humanités, Université de Caen, France
1967 B.A. Biologie-Chimie, Université de
Montréal
1971 D.D.S. Université de Montréal
1983 M.S. Université de Texas
1983 Certificat, Prosthodontie, Université
de Texas
1983 Certificat de qualification comme
spécialiste en prothèse, Ordre des dentistes
du Québec

EXPERIENCE: 1971-1973 Dentiste auxiliaire, Ville de
Montréal
1971-1981 Pratique privée, Québec
1973-1978 Membre du bureau médical, Hôpital
Santa Cabrini, Montréal
1973-1981 Chargé de clinique, Université de
Montréal, Dentisterie de restauration/médecine
dentaire
1981-1983 Chargé d'enseignement, Université de
Montréal, Dentisterie de restauration/médecine
dentaire
1983-1989 Professeur adjoint, Université de
Montréal, Dentisterie de restauration/médecine
dentaire

OTHER: Adjoint au doyen aux études - Université de
Montréal
Président du comité des études - Université de
Montréal
Délégué de la faculté à l'Association des
facultés dentaires du Canada
Secrétaire de la fédération des dentistes
spécialistes du Québec

ORGANIZATIONS: Ordre des Dentistes du Québec
Société dentaire de Montréal
Association des Prosthodontistes du Québec
Société des médecins experts du Québec

BIOGRAPHICAL INFORMATION - Committee on Ethics

NAME: Brian Elton Leroy

ADDRESS: Home - #104-8220 Jasper Avenue, Edmonton, AB, T5H 4B6
Office - #101,8230-105 Street, Edmonton, AB, T6E 5H9

DATE AND
PLACE OF BIRTH: October 18, 1949, Edmonton, Alberta

POSITION/
PRACTISE: Registrar, Alberta Dental Association

EDUCATION: Elementary - Virginia Park, Edmonton
Junior High - Highlands, Edmonton
High School - Eastglen, Edmonton
University - University of Alberta

DEGREES: B.Sc. (University of Alberta 1971)
D.D.S. (University of Alberta 1973)

EXPERIENCE: General Practice - 1973 -1987 - Fairview, AB
Associate Registrar - 1988 - 1990 -ADA
Registrar - 1990 - Present - ADA

ORGANIZATIONS: Peace River District Dental Society - 1973-87
Edmonton District Dental Society - 1988 - Present

Alberta Dental Association:
1982 - Ad Hoc Committee on Advertising
1984-87 - Mediations Committee
1986-87 - Peer Review Committee

Canadian Dental Association:
1991-Present - Commission on Dental Accreditation
1992-Present - Ethics Committee

OTHER: 1974-1987 - Rotary Club of Fairview
1988-Present - Rotary Club of South Edmonton
1984-1987 - Judge, Arts and Crafts, Alberta Agriculture
1988-Present - Sessional Lecturer, U of A

BIOGRAPHICAL INFORMATION - Commission on Dental Accreditation of Canada
(ACFD)

NAME: David William Banting

ADDRESS: 51 Buttermere Road, London Ontario, N6G 4L1

DATE AND PLACE OF BIRTH: May 29, 1943, Biggar, Saskatchewan

POSITION: Professor with Tenure, UWO

DEGREES: D.D.S. Dentistry University of Toronto 1967
D.D.P.H. Dental Public Health University of Toronto 1969
M.Sc. Medical Care Administration University of Toronto 1971
Ph.D. Epidemiology and Biostatistics University of Western Ontario 1989

EXPERIENCE: 1968-1970 Dr. E. White (Associate)- Part-time
1967-1968 North York Health Unit - Dentist - Part-time
1969-1970 Halton County Health Unit - Dentist - Part-time
Member, Faculty of Dentistry, Committee on Promotion and Tenure
Member (Faculty representative) of the Royal College of Dental Surgeons of Ontario (RCDS)
July 1992-present - President, medical/dental staff, Parkwood Hospital

ORGANIZATIONS: London and District Dental Society
Canadian Dental Association
International Association of Dental Research (Canadian Division)
Geriatric Oral Research Group. I.A.D.R.
Cardiology Group, I.A.D.R.

OTHER: Consultant - Council on Dental Therapeutics, American Dental Association, 1987-present
Referee/Reviewer:
Journal of Public Health Dentistry, 1979-present
Journal of Dental Research, 1984-present
Journal of the Canadian Dental Association, 1984-present
Journal of the American Dental Association, 1991-present
Health and Welfare, National Health Research and Development Program, 1982-present
Medical Research Council, 1984-present
National Institute of Dental Research, 1984-present
British Columbia Health Research Foundation, 1987-present

BIOGRAPHICAL INFORMATION - Commission on Dental Accreditation of Canada
(NDEB)

NAME: Lornce H. Harder

ADDRESS: 1251-100th Street, North Battleford, Saskatchewan,
S9A 0V6

POSITION/PRACTISE: General Practice - 30 years

EDUCATION: University of Saskatchewan 1957 - 1960

DEGREES: D.D.S. from University of Alberta 1964

EXPERIENCE: Served on Hospital Staff 1964 - 1994
Served on Council of Saskatchewan College of Dental
Surgeons 1976 - 1981
President of Saskatchewan College of Dental Surgeons -
1979
Served 2 years on Quality Assurance Committee for
Saskatchewan Dental Plan
Served 9 years as an examiner for the NDEB
Member of NDEB 1988 - 1994
Appointed by CDA to Council on Education and
Accreditation in 1987 and reappointed to serve second
term in 1989 as representative to the NDEB
Member of CDA Committee in Continuing Education
1989
Past President of North Battleford & District Dental
Society
Past Member Junior Chamber of Commerce
Past Member Kinsmen Club
Past Member Toastmasters International
Past Member Church Council
Active in Federal and Provincial Politics
Presently Member of Peer Review Committee for
Saskatchewan College of Dental Surgeons

AWARDS: Honorary Degree - F.A.D.I. 1986
2nd Honorary Degree with International College of
Dentists 1989

BIOGRAPHICAL INFORMATION - Commission on Dental Accreditation of Canada
(Licensing Authority)

NAME: Evelyn Doreen McNee

ADDRESS: #500-1765 West 8th Avenue, Vancouver, BC

DATE AND PLACE OF BIRTH: April 16, 1950, Vancouver, BC

**POSITION/
PRACTISE:** Deputy-Registrar, College of Dental Surgeons of BC

EDUCATION: David Thompson High School
University of BC, Diploma in Dental Hygiene
University of BC, DMD

DEGREES: Dip. DH (University of BC 1971)
DMD (University of BC 1990)

EXPERIENCE: General practice (Dental Hygiene) 1971-1985
General practice (Dentist) 1990-1992
Clinical Instructor (UBC) Nov 1990-1992
Dental Examiner for CDSBC June/July 1991
President, BC Dental Hygiene Association 1978-1980
Provincial Director, Canadian Dental Hygiene Assn. 1978-1981
Convention Chair, Canadian Dental Hygiene Assn. 1981-1983

ORGANIZATIONS: Omicron Kappa Upsilon
College of Dental Surgeons of BC
Canadian Dental Association

AWARDS: American Academy of Periodontology Prize
American Academy of Oral Medicine Annual Prize
American Society of Dentistry for Children Prize
British Columbia Society of Prosthodontists Prize
Quintessence Award for Operative Dentistry
UBC Dental Alumni Associate Award
Dr. Lorne O. Lind Memorial Prize
BC Society of Periodontists Award
University of BC Scholarship
Vancouver & District Dental Society Prize

BIOGRAPHICAL INFORMATION - Commission on Dental Accreditation of Canada (CDAA)

NAME: Elizabeth (Betty) Isabel Copp

ADDRESS: 117 Camber Drive, Fredericton, New Brunswick E3C 1M5

EDUCATION: Holland College, Charlottetown, Prince Edward Island 1986
- Dental Assisting Intra Oral Skills
- Dental Assisting Orthodontic Module
Nova Scotia Institute of Technology, Halifax, Nova Scotia 1976
- Dental Assisting Program
Acadia University, Wolfville, Nova Scotia 1974
- Science Program (1 year)

POSITION: Dr. D.C. Hatheway (Orthodontic Practice) Fredericton, New Brunswick 1977 to present

EXPERIENCE: Department of Dental Public Health Charlottetown, PEI, 1976

Canadian Dental Assistants' Association
- Past President/Chairman Budget & Finance
- President
- Vice President
- Co-Chair Council on Certification & Education
- New Brunswick Provincial Representative

New Brunswick Dental Assistants Association
- President
- Vice President
- Representative to Holland College Advisory Board
- Certification Chairman

Fredericton Dental Assistants Association
- President
- Vice-President
- Certification Chairman
- Treasurer
- Secretary

ORGANIZATIONS: Canadian Dental Assistants' Association
New Brunswick Dental Assistants' Association
Fredericton Dental Assistants' Association

FAMILY: Married, two children

**HOBBIES/
INTERESTS:** Cross Country Skiing, Biking, Toll Painting

BIOGRAPHICAL INFORMATION - Commission on Dental Accreditation of Canada
(CDA/Dental Specialties)

NAME: Stephan Morehouse Brayton

ADDRESS: 3 Dingle Road, Halifax, NS, B3P 1B1

DATE AND PLACE OF BIRTH: February 19, 1941

EDUCATION: Milton High School, Milton, Massachusetts 1958
Michael Reese Hospital and Medical Center, Chicago, Illinois 1966-1967
School of Dental Medicine, Tufts University, Boston, Massachusetts, Certificate in Endodontics 1972

DEGREES: B.Sc. 1962 Tufts University, Medford, Massachusetts
D.M.D. 1966 School of Dental Medicine - Tufts University, Boston, Massachusetts

EXPERIENCE: General Practice, Boston, Massachusetts, 1969-1972
Practice Limited to Endodontics, Halifax, NS, 1972-present
Practice Limited to Endodontics, Dartmouth, NS, 1982-present
Clinical Instructor in Endodontics 1969-197, Dalhousie Univ., Faculty of Dentistry, Halifax, NS
Assistant Professor Endodontics 1972-1977
Associate Professor and Head of Endodontics
Adjunct Professor and Head of Endodontics
Professor and Head, Division of Endodontics 1987

ORGANIZATIONS: Canadian Dental Association
Nova Scotia Dental Association
Halifax County Dental Society
Canadian Academy of Endodontics
American Board of Endodontics
Royal College of Dentists (Canada)
Academy of Dentistry (Canada)
Society of Dental Specialists of Nova Scotia
International College of Dentists

AWARDS: Prize in Oral Surgery, Tufts University, School of Dental Medicine, Boston, Massachusetts, 1966
Outstanding Dental Intern, Michael Reese Hospital and Medical Center, Chicago, Illinois 1966-1967
Fellow in Royal College of Dentists of Canada, October 28, 1977

BIOGRAPHICAL INFORMATION - Committee on Community & Institutional Dentistry
(Cdn. Hospital)

NAME: Alfred M. Dolan

ADDRESS: 594 Bush Street, Belfountain, Ontario L0N 1B0

DEGREES: M.Sc., P.Eng., CCE, Biomedical Engineering Specialist

EXPERIENCE: Over 25 years experience in cardiovascular research, clinical departmental management, corporate management and graduate education.
1977-1983 - Set up and managed the Health Care Technology Program, Canadian Standards Association
Present - President of Canadian Medical Engineering Consultants
Present - President of Health Care Technology Consultants
Present - Technology Advisor, Canadian Hospital Association
Present - Coordinator, Clinical Engineering Program and Lunenfeld Professor, University of Toronto
Board of Directors, Canadian Standards Association
Past-president, Canadian Medical & Biological Engineering Society
Past-chairman, International Certification Commission

ORGANIZATIONS: Canadian Dental Association
Canadian Medical Engineering Consultants
Canadian Standards Association
Health Care Technology Consultants
Canadian Hospital Association
Canadian Medical & Biological Engineering Society
International Certification Commission

OTHER: Designated a Biomedical Engineering Specialist in Ontario
Chairman of several national and international standards committees
First certificand in Clinical Engineering outside U.S.A.
Lectured internationally
Published some 30 papers and books

BIOGRAPHICAL INFORMATION - Committee on Community & Institutional Dentistry
(Oral Biology/Pathology)

NAME: William Timothy McGaw

ADDRESS: 11728 University Avenue, Edmonton, Alberta T6G 1Z5

DATE AND PLACE OF BIRTH: July 23, 1955, Oakville, Ontario

POSITION: Professor and Chair, Division of Oral Pathology,
Faculty of Dentistry, University of Alberta
Adjunct Professor, Faculty of Medicine,
University of Alberta
Chief of Dentistry, University of Alberta Hospitals
Director, Division of Dentistry, Cross Cancer Institute

PRACTICE: Oral Medicine/Clinical Oral Pathology:
Director of Oral Medicine Clinic in University of Alberta Hospitals
Surgical Pathology:
Oral and Maxillofacial Surgical Pathology Service
Cross-Appointment to Anatomic Pathology in University of Alberta Hospitals
General Dentistry:
Co-ordinate and deliver comprehensive dental care for oncology patients.

EDUCATION/DEGREES: 1973-74 Natural Sciences (University of Toronto)
1974-78 D.D.S. (University of Toronto)
1978-79 Hospital Dental Internship (Mount Sinai Hospital)
1979-82 Oral Pathology Residency Training and M.Sc. (Faculty of Dentistry and Sunnybrook Medical Centre, University of Toronto)
1984 F.R.C.D.(c) in Oral Pathology
1988-91 M.D. (University of Alberta)
1991-93 Postgraduate medical rotations (University of Alberta Hospital and Royal Alexandra Hospital)

ORGANIZATIONS: Alberta Dental Association
Canadian Dental Association
Alberta Medical Association
Canadian Medical Association
Royal College of Dentists of Canada
Canadian Academy of Oral Pathology (Vice-President, 1992-)
American Academy of Oral Pathology
International Society of Oral Oncology

OTHER: University of Alberta representative at CDA Symposium on Future of Hospital Dentistry (October, 1993)

BIOGRAPHICAL INFORMATION - Committee on Community & Institutional Dentistry
(Oral Biology/Pathology)

NAME: Peter James Chauvin

ADDRESS: 78 Somerset Road, Baie-D'Urfie, Quebec, H9X 2W2

DATE AND
PLACE OF BIRTH: January 16, 1961

EDUCATION: Resident in Anatomical Pathology, Victoria Hospital, London,
Ontario January, 1990 - June, 1990
Resident in Anatomical Pathology, St. Joseph's Health Center,
London, Ontario July 1989 - December 1989
Multidisciplinary Residency Program, The Royal Victoria
Hospital, Montreal July 1988 - June 1989

DEGREES: Combined M.Sc./Residency Program in Oral Pathology, The
University of Western Ontario July 1, 1989-August 1992
D.D.S., McGill University, Montreal, Quebec 1984-1988
B.Sc. Anatomical Sciences, McGill University, Montreal, Quebec
1981 1984
B.Sc. (inc.), Honours Human Biology, The University of Guelph,
Guelph, Ontario 1980-1981
D.E.C. Health Sciences, John Abbott College, St. Anne de
Bellevue, Quebec 1978-1980

EXPERIENCE: September 1992-present - Assistant Professor - Division of Oral
Pathology, Faculty of Dentistry McGill University
September 1992-present - Assistant Pathologist - Department of
Pathology, Montreal General Hospital
September 1992-present, Attending Staff - Department of
Dentistry Royal Victoria Hospital
July 1990-September 1992 - Lab Instructor/Part-time Lecturer in
Oral Pathology, Faculty of Dentistry, The University of Western
Ontario, London, Ontario
July 1989-September 1992 - Part-time Faculty Lecturer in the
Department of Oral Biology, Faculty of Dentistry, McGill
University
Summers 1985-1987 - Montreal General Hospital/McGill
University Summer Dental Clinic for Children and Handicapped
Persons

ORGANIZATIONS: Fellow - Royal College of Dentists Canada
Fellow - American Academy of Oral Pathology
Member - Canadian Dental Association
Member - Canadian Academy of Oral Pathology
Member - Canadian Academy of Oral Medicine

BIOGRAPHICAL INFORMATION - Committee on Community & Institutional Dentistry
(General Practitioner)

NAME: Trey Lawrence Petty

ADDRESS: Foothills Hospital, 1403-29 Street NW
Calgary, Alberta, T2N 2T9

DATE AND PLACE OF BIRTH: February 24, 1956, Pampas, Texas, USA

EDUCATION/DEGREES: Henry Wise Wood High School, Calgary, AB
Trinity Western University, Langley, BC
University of British Columbia, Vancouver, BC (B.A. 1977)
University of Alberta, Edmonton, AB (B.Sc. 1982, D.D.S. 1984)
Oral Medicine, State University of New York at Stony Brook,
Stony Brook, New York
Dental Education for Care of the Disabled (DECOD), Seattle,
Washington

EXPERIENCE: Division Chief, Oral Medicine, 1988 - Foothills Hospital,
Calgary, AB
Director, Oral Medicine and Surgery, 1988 - Tom Baker Cancer
Centre, Calgary, AB
Associate Professor, Family Medicine, 1989 - Faculty of
Medicine, University of Calgary
Dental Consultant, Southern Alberta, 1988 - Alberta Cancer
Board, Edmonton, AB
Member, Infection Control Committee, 1990 - Alberta Dental
Association, Edmonton, AB
Chair, Committee on Infection Control, 1988 - Calgary and
District Dental Society, Calgary, AB
Clinical Director, Oral Medicine and Surgery, 1988, Alberta
Children's Hospital, Calgary, AB
Dental Officer and Head, Dentistry, 1986-1988, Michener
Centre Residential and Training Facility for the Mentally
Handicapped, Red Deer, AB

ORGANIZATIONS: Canadian Dental Association
Alberta Dental Association
Calgary and District Dental Society
American Dental Association
Academy of General Dentistry (F.A.G.D)
Academy of Dentistry for the Handicapped
American Association of Hospital Dentists
American Society for Geriatric Dentistry
Mensa Canada

OTHER: 1989 - Part-time Lecturer, Faculty of Medicine, University of
Calgary

AWARDS: 1993 - Calgary and District Dental Society, Development Grant
1989, 1990, 1991, 1992, 1993 - Ministry of Health, Government
of Alberta, Development Grant

BIOGRAPHICAL INFORMATION - Committee on Community & Institutional Dentistry
(Pediatric Dentistry)

NAME: Ross David Anderson

ADDRESS: 23 Turnmill Drive, Halifax, Nova Scotia B3M 4G8

DATE AND PLACE OF BIRTH: April 3, 1954, Canada

POSITION/PRACTISE: Dentist-in-Chief, Department of Dentistry, IWK Children's Hospital, Halifax, Nova Scotia (1991-1994)
Assistant Professor (full-time) Department of Paediatric & Community Dentistry, Faculty of Dentistry, Dalhousie University, Halifax, NS (1991-94)

EDUCATION/DEGREES: Master of Science Degree, School of Graduate Studies, University of Toronto (1983-1985)
Diploma in Paedodontics, Faculty of Dentistry, University of Toronto (1981-1983)
Paediatric Dental Internship, Hosp. for Sick Children, Toronto, Ontario (1977-1978)
Doctor of Dental Surgery, Faculty of Dentistry, Univ. of Toronto (1973-1977)
First Year Arts and Science, University of Toronto (1972-1973)

EXPERIENCE: Clinic Manager & Staff Paediatric Dentist, Baden Civilian Dental Clinic, Canadian Forces Base Baden, FRG (1985-1991)
Active Medical Staff, Canadian Forces Hospital - Europe (1986-1991)
Private Practice of Paediatric Dentistry in Association with Dr. J. Geller, Toronto, Ontario (1983-1985)
Associate in Dentistry, Faculty of Dentistry, University of Toronto (1984-1985)
Associate in Dentistry & Substitute Histology Demonstrator, University of Toronto (1983-1984)
Locums: General Practice, Sioux Lookout & Thunder Bay Zone Indian Reservations, Health & Welfare Canada (1981-1983)
General Practice, Thunder Bay Zone Indian Reserves, Health & Welfare (1979-1981)
Active Medical Staff Dentist, Sioux Lookout, Ontario (1978-1979)
Paediatric Dental Internship, Hosp. for Sick Children, Toronto, Ontario (1977-1978)

ORGANIZATIONS: Memberships & Professional Associations:
Member, Royal College of Dentistry of Canada (by examination)
Fellow, American Academy of Pediatric Dentistry, Canadian Academy of Paediatric Dentistry, International Association of Dentistry for Children, Federation of Special Care Organizations, Academy of Dentistry for the Handicapped, American Association of Hospital Dentists
Canadian Association of Dental Research, International Association of Dental Research, Canadian Dental Association, Ontario Dental Association, Upper Rhine Valley Dental Association, Nova Scotia Dental Association, Halifax County Dental Society, Society of Dental Specialists of Nova Scotia

OTHER: Scholarships and Awards of Merit
Teaching Award, Department of Paediatrics, Faculty of Medicine, Paediatric Residents (in recognition of excellence in clinical and seminar instruction.) - 1993
University of Toronto Graduate Studies Fellowship Award (1983)
Dental Students Society Honour Award (1977)

BIOGRAPHICAL INFORMATION - Committee on Community & Institutional Dentistry
(CFDS)

NAME: Euan Stewart Collingham Swan

ADDRESS: NDHQ / DGDS, Ottawa, Ontario K1A 0K2

DATE AND PLACE OF BIRTH: October 21, 1951, Bristol, England, UK

POSITION/PRACTISE: Director Dental Treatment Services 3
Public Health Dentist

EDUCATION: Macdonald High School, Ste. Anne de Bellevue, Quebec
Queen's University, Kingston, Ontario
McGill University, Montreal, Quebec
University of Toronto, Toronto, Ontario

DEGREES: B.Sc. (Queen's 1974)
D.D.S. (McGill 1978)
D.D.P.H. (Toronto 1991)

EXPERIENCE: Dental Officer, 12 Dental Unit Det. Halifax, 1978-1982
Dental Officer, HMCS Preserver/Protecteur, 1979-1980
Commander, 12 Dental Unit Det. Summerside, 1982-1986
Commander, 35 Dental Unit Det. Baden, 1986-1989
Selection Criteria for Dental Radiological Examination: A Mail Survey to Ontario Dentists, Published 3 papers
Member, CDA Committee on Community and Institutional Dentistry 1993-present
Secretary/Treasurer, Canadian Society of Public Health Dentists 1993-present

ORGANIZATIONS: American Association of Public Health Dentistry
Canadian Association of Dental Consultants
Canadian Dental Association
Canadian Public Health Association
Canadian Society of Public Health Dentistry
Ontario Public Health Association
Royal College of Dentists of Canada

AWARDS: Canadian Forces Decoration
Centennial Medal
Special Service Medal

**MEMORANDUM**

January 13, 1994

TO: Members, Board of Governors
 Presidents and CEO's, Corporate Members
 Chairmen, CDA Councils and Committees
 Chairman, Commission on Dental Accreditation of Canada
 Presidents and Secretaries, Specialty Sections
 ACFD, NDEB, RCD(C)
 Provincial Registrars
 Presidents, CDHA - CDAA
 President, Canadian Hospital Association

CANADIAN
 DENTAL
 ASSOCIATION
 L'ASSOCIATION
 DENTAIRE
 CANADIENNE

FROM: Dr. James Brookfield, Chairman
 Committee on Nominations and Awards

SUBJECT: CDA Call for Nominations 1994

-
1. Elections of officers and council, commission and committee personnel for the 1994-95 term will take place during the 1994 Annual Meeting of the Board of Governors in Vancouver, B.C., October 2, 1994.
 2. Except in the case of nominations to the Committee on Nominations and Awards itself, nominations from the floor during the Annual Meeting will not be valid unless vacancies are created by withdrawals from the list of nominations as presented by the Committee on Nominations and Awards. The Board may then make further nominations from the floor.
 3. It is the duty of the Committee on Nominations and Awards to:
 - (a) prepare a list of all elective offices to be filled;
 - (b) solicit nominations, excluding those for the Committee on Nominations and Awards;
 - (c) rule on eligibility;
 - (d) make further nominations as necessary, or as the Committee sees fit;
 - (e) submit a report to the Annual Meeting.

4. Nominations must be received before April 8, 1994.
5. Those entitled to make nominations are:

Members of the CDA Board of Governors
CDA Council, Committee, Commission Chairmen
Presidents or Secretaries of Corporate Members
Presidents or Secretaries of Specialty Sections
6. Nominees to the Council on Education will include recommendations of the:

Canadian Dental Association
Association of Canadian Faculties of Dentistry
National Dental Examining Board of Canada
Royal College of Dentists of Canada
Provincial Dental Licensing Authorities
Commission on Dental Accreditation of Canada
7. Appointments to the Commission on Dental Accreditation of Canada will include submissions of the:

Canadian Dental Association
Association of Canadian Faculties of Dentistry
National Dental Examining Board
Provincial Dental Licensing Authorities
Royal College of Dentists of Canada
Canadian Dental Assistants Association
Canadian Dental Hygienists Association
Commission on Dental Accreditation of Canada
8. Nominations to the Committee on Community and Institutional Dentistry include a recommendation from the Canadian Hospital Association.
9. All nominations must be accompanied by:
 - (a) Written consent of the nominee.
 - (b) A completed conflict of interest statement by the nominee.

Failure to comply with these two requirements will nullify the nomination.

10. Except for the Executive Council (as otherwise indicated), election to Councils, Commissions and Committees is for a term of three years, renewable once. Members of Councils, Commissions and Committees must be Active, Affiliate, or Student Members of the Canadian Dental Association if they meet membership requirements; those who do not are exempt from the membership requirements. Affiliate members are not eligible for nomination for election to the Executive Council. Student members are not eligible for nomination for election to the Executive Council.

Nominations are not required for the Council on Insurance and Investment for reasons outlined in the following pages.

11. Nominations should be accompanied by a brief one-page biographical sketch of the nominee attached to the nomination form. Please use the form provided limiting your submission to one page. (A sample is included for your information).

**PLEASE FORWARD YOUR NOMINATION(S),
WRITTEN CONSENT OF NOMINEE'S
WILLINGNESS TO STAND FOR OFFICE
AND A BRIEF BIOGRAPHICAL SKETCH
OF EACH NOMINEE TO:**

**Dr. James Brookfield, Chairman
Committee on Nominations and Awards
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6**

DEADLINE: APRIL 8, 1994

- c.c. Committee on Nominations and Awards
CDA Directors
CDA Information Officer

NOMINATIONS 1994

I. Vice-President

Term: 1 year

Eligibility: Member of the Board of Governors

Incumbent: Dr. J. Brookfield, Kirkland Lake

1. _____

II. Chairman of the Board

Term: Elected annually

Eligibility: Active or Honorary Member (may hold no other elective office during his tenure as Chairman)

Incumbent: Dr. N.A. Mancini, Hamilton
Eligible for re-election

1. _____

III. Executive Council - 10 members

Term: 2 years: renewable twice

Eligibility: Member of the Board of Governors

Incumbents: Dr. R. Wenn, President
Dr. B. Sigfstead, President-Elect
Dr. J. Brookfield, Vice-President
* No Incumbent, Past-President
Dr. J. Diggins, British Columbia, 1994 (1)
Dr. R. Sandilands, Alberta, 1995 (1)
Dr. B. White, Saskatchewan, 1995 (2)
Dr. B. Dolman, Québec, 1995 (3)
Dr. T. Gushue, Newfoundland, 1995 (2)
Dr. D. Somer, Ontario, 1994

* (Past-President serves from Annual Board Meeting until Fall Planning Session)

Summary:

The Executive Council shall consist of the President, Immediate Past-President, President-Elect, Vice-President and six additional members. The Immediate Past-President serves from the annual meeting of the Board of Governors to the end of the second session of Executive Council. The Vice-President and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed and in which he practises the majority of his dental procedures or administration at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan - Manitoba
- (d) Province of Ontario
- (e) Province of Québec
- (f) Provinces of New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland.

Dr. Bernard Dolansky retired as Past-President at the termination of the 1993 Fall Planning Session.

Dr. Somer was named by presidential appointment to fill Dr. Brookfield's unexpired term ending in 1994 and is eligible for election.

Dr. Diggins is completing his first term on Executive Council and is eligible for re-election.

Dr. Dolman will complete his third consecutive term on the Board of Governors at the 1995 Interim Meeting and thereby cease to be eligible to serve on Executive Council. His uncompleted term will be filled by presidential appointment should this situation remain unchanged.

If an incumbent in his non-elective year is elected Vice-President, the uncompleted term will be filled by presidential appointment.

- 2 to be elected 1. _____ Ontario
2. _____ British Columbia

IV. Council on Constitution and By-Laws: 4 members

Term: 3 years: renewable once

Incumbents: Dr. M. Balfour, Chairman, Ontario, 1996 (1)
Dr. J. Silver, British Columbia, 1995 (2)
Dr. G. Turner, Nova Scotia, 1996 (2)
Dr. L. Stone, Alberta, 1995, (1)

Dr. Peacock will continue with the Council as a consultant.

None to be elected.

V. Council on Education: 11 persons

Term: 3 years: renewable once

Incumbents: Dr. G. Thompson, Chairman, (Alta) (CDA) 1994 (2)
Dr. J. Epstein (BC) (CDA HOSP) 1996 (2)
Dr. H. Lyttle (Man) (ACFD) 1995 (2)
Dr. R. Taché (Que) (ACFD) 1994 (1)
Dr. D. Donaldson (BC) (ACFD) 1996 (1)
Ms. S. Sunell (BC) (CDHA) 1994 (1)
Ms. M. Symmes (Alta) (CDAA) 1994 (2)
Dr. R. Baker (Man) (NDEB) 1995 (2)
Dr. D. Bonang (NS) (LIC. AUTH) 1994 (2)
Dr. J. Main (Ont) (RCDC) 1996 (2)
Miss D. Wells (Ont) (LAY REP.) 1996 (2)

Summary:

In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person nominated by the Canadian Dental Association.
- (2) One person who is active in Hospital and/or Institutional Dentistry nominated by the Canadian Dental Association.
- (3) Three persons from nominations by the Association of Canadian Faculties of Dentistry.
- (4) One person, being a dental hygienist, and a member of the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee nominated by the Canadian Dental Hygienists' Association.
- (5) One person, being a dental assistant, and a member of the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee nominated by the Canadian Dental Assistants' Association.
- (6) One person from nominations by the National Dental Examining Board of Canada.
- (7) One person from nominations of the Provincial Dental Licensing Authorities.
- (8) One person from nominations by the Royal College of Dentists of Canada.
- (9) One Consumer/Public representative who is the representative on the Commission on Dental Accreditation of Canada.

Dr. Thompson is finishing his second and final term in 1994. A nomination is required.

Council members Dr. Taché and Ms. Sunnell are finishing their first terms in 1994 and are eligible for re-election.

Ms. Symmes and Dr. Bonang are finishing their second and final term in 1994 and nominations are required for new members.

- 5 to be elected:
1. _____ (CDA)
 2. _____ (ACFD)
 3. _____ (CDHA)
 4. _____ (CDAA)
 5. _____ (LIC. AUTH.)

VI. Commission on Dental Accreditation of Canada: 15 members

Term: Chairman: 2 years renewable once
Members: 3 years renewable once

Incumbents: Dr. R. Brooke, Chairman, (Ont) (ACFD/DEANS) 1995 (2)
Dr. K. Roach, (Ont) (CDA) 1996 (2)
Dr. D.J. Murphy, (NS) (CDA HOSP. INST. DENT.) 1996 (2)
Dr. H. Dick, (Alta) (ACFD) 1994 (2)
Dr. D. Robert, (PQ) (ACFD) 1996 (2)
Ms. S. Sunell, (BC) (ACFD/ALLIED) 1995 (2)
Dr. K. Bentley, (PQ) (NDEB) 1994 (2)
Dr. P.A. Watson (Ont) (NDEB) 1995 (2)
Dr. B.E. Leroy, (Alta) (LIC. AUTH.) 1996 (2)
Dr. M. Lasko, (Man) (LIC. AUTH.) 1994 (2)
Dr. G. Maranda, (PQ) (RCDC) 1995 (2)
Mrs. M. Paquin, (BC) (CDAA) 1994 (2)
Prof. M. Forgay, (Man) (CDHA) 1996 (2)
Dr. I. Vogan, (NS) (CDA/DENT. SPEC.) 1994 (2)
Miss. D. Wells, (Ont) (LAY REP) 1996 (2)

Summary:

In electing the membership of the Commission, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and/or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) One person appointed by the Canadian Dental Association in consultation with the Presidents of Specialty Sections
- (11) A lay person appointed by the Commission on Dental Accreditation of Canada

In 1993 staggered second terms were proposed by Council and approved by the Board of Governors and all nominating bodies. These are reflected in the listing of incumbents.

Drs. Dick, Bentley, Lasko, Vogan and Mrs. Paquin are finishing their second and final terms and nominations are required for new members.

- 5 to be elected:
1. _____ (ACFD)
 2. _____ (NDEB)
 3. _____ (LIC. AUTH.)
 4. _____ (CDAA)
 5. _____ (CDA/DENT. SPEC.)

VII. Committee on Ethics: 5 members

Term: 3 years: renewable once

Incumbents: Col. M. Deyette, Chairman, Borden, 1995 (2)
Dr. B. Barrett, Charlottetown, 1996 (1)
Dr. B. Leroy, Edmonton, 1994 (1)
Dr. P. Lobb, Victoria, 1995 (1)

Summary:

Dr. Leroy is finishing his first term and is eligible for re-election. A nomination is required.

- 1 to be elected: 1. _____

VIII. Council on Insurance and Investment

The Canadian Dental Association has delegated to the Canadian Dental Service Plans Inc. the function of the Council on Insurance and Investment as a result of an agreement between the two organizations. This agreement is to be reviewed annually by the Board of Governors of the Canadian Dental Association and the Canadian Dental Service Plans Inc.

None to be elected. 467,

IX. Committee on Community and Institutional Dentistry: 9 members

Term: 3 years: renewable once

Incumbents: Dr. W. Steggles, Chairman, (Ont) (G.P.) 1995 (2)
Dr. T. Petty, (AB) (G.P.) 1994 (1)
Dr. N. Farrell, (Ont) (PUB. HEALTH) 1995 (2)
Dr. G. Smith, (NF) (PEDIATRIC) 1994 (2)
Ms. J. Smorang, (Alta) (DENT. AUX) 1995 (1)
Mr. A. Dolan, (Ont) (CDN HOSP. ASSN) 1994
Dr. J. Hardie, (BC) (OR. BIOL./PATHO.) 1994 (2)
Dr. J. Chimilar, (Man) (O. & M. Surg.) 1995 (1)
Maj. E. Swan, (Ont) (CFDS) 1993

Summary:

The Committee on Community and Institutional Dentistry shall reflect in its composition, representation of the major geographic regions of Canada, and will comprise 2 general dental practitioners, 1 oral and maxillofacial surgeon, 1 oral pathologist/oral biologist, 1 representative of public health dentistry, 1 representative of pediatric dentistry, 1 representative of dental auxiliaries, 1 representative of the Canadian Hospital Association, and 1 representative from the Canadian Forces Dental Services.

Dr. Petty is finishing his first term and is eligible for re-election.

Mr. Dolan was named by presidential appointment to fill the unexpired term of Ms. Carol Clemenhagen ending in 1994. He is eligible for election.

Revised terms of reference for the Committee allow 1 representative of the Canadian Forces Dental Services. Major Swan was named to this position by presidential appointment. He is eligible for election.

Drs. Smith and Hardie are finishing their second and final terms and nominations are required for new members.

- 5 to be elected: 1. _____ (G.P.)
2. _____ (CDN HOSP. ASSN)
3. _____ (PEDIATRIC)
4. _____ (OR. BIOL./PATHO.)
5. _____ (CFDS)

X. Committee on Nominations and Awards: 4 members

Term: 3 years

Incumbents: Dr. J. Brookfield, Chairman, Kirkland Lake, 1994
Dr. B. Dolansky, Ottawa, 1996
Dr. K. Roach, Pembroke, 1994
Dr. L. Allen, Winnipeg, 1995

Summary:

The Committee on Nominations and Awards shall consist of three members elected by the Board at its Annual Meeting, pursuant to Article X, Section 6 of the By-laws, together with the Vice-President who acts as Chairman. The membership should be geographically representative of the Association and shall include one or more Past-Presidents.

As Vice-President, Dr. Brookfield was appointed Chairman by the President.

Dr. Roach will complete his term in 1994 and a nomination from the floor is required.

1 to be elected: 1. _____

NOMINATIONS FORM - CDA

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nominations on the attached memorandum).

PLEASE CHECK OR COMPLETE ONE OF THE FOLLOWING:

Nominations for: Chairman of the Board _____
 Vice-President _____
 Executive Council _____
 Council/Committee/ _____
 Commission

* NOTE: Affiliate members are not eligible for nomination to the Executive Council.
 Student members are not eligible for nominations to the Executive Council.

PLEASE PRINT OR TYPE THE FOLLOWING:

Candidate's Name: _____

Candidate's Address: _____

Postal Code: _____

A brief one page biographical sketch must be attached to nominations.

In accordance with the stipulations of the Constitution as to regional or other representation, and, as to my entitlement to make nominations, I propose the above candidate for nomination.

PLEASE PRINT OR TYPE THE FOLLOWING

Nominator: _____ Office/Position: _____

Signature: _____

** NOTE: Please notify the candidate's provincial association identifying the candidate and the office, council, committee or commission to which he/she has been nominated.

ACCORDING TO ARTICLE XXI SECTION I OF THE CONSTITUTION, THE FOLLOWING APPLIES:

CONFLICT OF INTEREST

- (a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction or in any business or undertaking which provides dental supplies or services of any kind to the dental profession, shall declare his material interest in the foregoing. He then will absent himself from discussion and voting on such contract or transaction.
- (b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- (c) The above provisions apply automatically to the members of the various Commissions, Committees, and Councils of the Association, including the Executive Council. Each Board and/or Council, Commission or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- (d) All nominees for election or appointment to Councils, Commissions or Committees of the Association, including the Executive Council shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- (e) That, of itself, being a trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- (f) A conflict of interest shall exist where a member of the Board of the CDA or any of its Councils, Commissions and Committees is privy to information that could be construed to be confidential and of benefit to that individual or any organization with which he may be associated. In such situations such a member shall be required to give an undertaking that such information be kept confidential.
- (g) The Board shall be the final authority on any disputed conflict of interest.

Article XXI Section I of the Constitution appears on page two of this nomination form. This Article deals with possible potential conflicts of interest.

NOMINEE WILL PLEASE INITIAL ONE OF THE FOLLOWING:

(a) I have no known possible potential conflict of interest _____

(b) I have possible conflict of interest _____

(if (b) please explain potential conflict on the reverse of this form)

I agree to permit my nomination and qualify by Active _____ Affiliate _____
Student _____ Membership in the CDA.

Membership in _____ (Corporate Member).

I agree to permit my nomination; I am not eligible for membership in CDA in the above categories _____ .

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION

SIGNATURE OF NOMINEE _____

PLEASE INDICATE ON REVERSE SIDE ANY POSSIBLE
POTENTIAL CONFLICT OF INTEREST:

Return this completed form by April 8, 1994, to:

**Dr. James Brookfield, Chairman
Committee on Nominations and Awards
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6**

SAMPLE

BIOGRAPHICAL INFORMATION

NAME: John Doe Dentist

ADDRESS: 123 Molar Street, Toronto, Ontario

DATE AND PLACE OF BIRTH: June 24, 1943, London, Ontario

POSITION/PRACTISE: Private Practice: Specialty limited to Orthodontics

EDUCATION: High School(s) and University(ies)
Hamilton High
University of Western Ontario
University of Toronto - Post Graduate Studies
(Orthodontics)

DEGREES: (with dates)
D.D.S. (Western Ontario 1967)
Diploma in Orthodontics - (Toronto, 1972)

EXPERIENCE: Including previous appointments, Military Service,
Publications, Research Projects, etc.

General Practice - 1967-1970 - Hamilton
Specialty Practice - Orthodontics, 1970-1986 - Toronto
Past-President - Toronto Dental Society 1980-82
Board Member ODA - 1981-86
Chairman, Economics Committee - ODA
Member Council Education, CDA 1985 Published 3
papers
Contribution to Text Book, "Ortho in '80's"

ORGANIZATIONS: Association or Club Membership

Ontario Dental Association
Canadian Dental Association
Toronto Orthodontic Club
Alpha Beta Gamma
F.I.C.D;
F.R.C.D. (C)
F.A.R.E.

OTHER: 1973-1979: Part-time demonstrator - Ortho -
University of Toronto
1979-1986: Part-time lecturer - Ortho - University of
Toronto

AWARDS: Military, Academic, etc.

BIOGRAPHICAL INFORMATION

NAME:

ADDRESS:

DATE AND PLACE OF BIRTH:

EDUCATION:

PRACTICE:

EXPERIENCE:

ORGANIZATIONS:

OTHER:

FAMILY:

BIOGRAPHICAL INFORMATION - Honorary Membership

APPENDIX III

NAME: Ralph I. Brooke

DATE OF BIRTH: April 25, 1934

EDUCATION: Leeds University School of Dentistry
Leeds University School of Medical
Leeds, England

DEGREES: 1957 - B.Ch.D., L.D.S. (University of Leeds)
1963 - M.R.C.S. (England), L.R.C.P. (London)
1967 - F.D.S.R.C.S. (England)
1974 - Certification in Oral Pathology (Ontario)
1976 - F.R.C.D.(C)
1976 - N.D.E.B./R.C.D.(C) - Specialist Certificate in Oral Pathology

EXPERIENCE: Canadian Academy of Oral Medicine - President
Association of Canadian Faculties of Dentistry - Past President
Canadian Academy of Oral Pathology (President, 1980-81)
Vice-Provost, Health Sciences, University of Western Ontario
Dean, Faculty of Dentistry, University of Western Ontario
Professor, Department of Oral Medicine, University of Western Ontario
Active Staff, Department of Dentistry, University Hospital, London, Ontario
Consultant, Department of Medicine, University Hospital, London, Ontario
Honourary Lecturer, Department of Pathology, University of Western Ontario
Consultant, Department of Dentistry, St. Joseph's Hospital, London, Ontario
Consultant, Department of Dentistry, Victoria Hospital, London, Ontario
Director, Facial Pain Clinic, University of Western Ontario
President, Canadian Academy of Oral Medicine
Immediate Past President, Association of Canadian Faculties of Dentistry
Canadian Association of Dental Research (President, Ontario Section 1980-81)
Chairman, Commission on Dental Accreditation of Canada, CDA
Canadian Academy of Oral Medicine (Past President)
Past Chairman, Credentials Committee, Royal College of Dentists of Canada
Past Member Council, Royal College of Dentists of Canada

ORGANIZATIONS: Canadian and Ontario Dental Associations
Pierre Fauchard Academy
London & District Academy of Medicine
International Association of Dental Research
British Association of Oral Pathology (founding member)
International Society for the Study of Pain
Association of Academic Health Centres
Fellow of the International College of Dentists

BIOGRAPHICAL INFORMATION - Honorary Membership

- NAME:** Ron Markey
- DATE AND PLACE OF BIRTH:** January 1, 1945, Montreal, Quebec
- EDUCATION:** Loyola College of Montreal, B.A., Biology-Chemistry 1965
McGill University, Montreal, D.D.S., 1969
University of Washington, Seattle, M.S.D. Orthodontics 1974
- EXPERIENCE:** Private General Dental Practice - Montreal 1969-72
Demonstrator, Departments of Paedodontics and Operative Dentistry, McGill 1969-72
Assistant Professor, U.B.C. 1974-75
Sessional Lecturer, U.B.C. 1975-80
Private Orthodontic Practice, Richmond and Vancouver 1975-present
- ORGANIZATIONS:** Vancouver & District Dental Society
Canadian Association of Orthodontists
American Association of Orthodontists
Van Bel Orthodontic Study Club
Pacific Coast Society of Orthodontists:
- Chairman - Megaclinic, Annual Meeting 1978
- Assistant Program Chairman - PCSO Northern Meeting 1979-80
- Program Chairman - PCSO Northern Meeting 1980-81
- Constitution & By-Law Comm. - 1983-85
Interspecialty Dental Society of B.C.
- Secretary/Treasurer 1979-80
- Representative to College Council 1979-80
B.C. Society of Orthodontists
- Treasurer 1977-78
- Secretary 1978-79
- Vice President 1979-80
- President 1980-81
College of Dental Surgeons of B.C.
- Treasurer 1980-81
- Vice President 1981-82
- President 1982-83, 1983-84
Nom. Committee Chairman 1984-85
Nom. Committee 1985-86
Government Relations Committee 1988-Present
Chairman - Inquiry Committee 1988-Present
President CDA 1987-88
- AWARDS:** University Scholarship, McGill University 1968-89
Minister of Education Silver Medal for Highest Standing in 3rd year 1968
Dr. M.J.T. Dohan Prize - Paedodontics 1968

BIOGRAPHICAL INFORMATION - Distinguished Service Award

APPENDIX IV

NAME: Gordon William Thompson

DEGREES: D.D.S., Alberta University, Dentistry 1965
M.Sc.D., Toronto University, Preventative Dentistry 1967
Ph.D., Toronto University, Epidemiology and Biostatistics 1971

EXPERIENCE: Lecturer, Faculty of Dentistry, University of Toronto, 1967-69
Research Associate - Faculty of Dentistry, University of Toronto, 1969-72
Assistant Professor - Faculty of Dentistry, University of Toronto, 1972-73
Assistant Professor - Faculty of Medicine, University of Toronto, 1972-78
Assistant Dean, Administration, Faculty of Dentistry, University of Toronto, 1973-75
Associate Professor, Faculty of Medicine, University of Toronto, 1973-77
Associate Dean, Administration, Faculty of Dentistry, University of Toronto, 1975-78
Professor, Faculty of Dentistry, University of Toronto, 1977-78
Dean and Professor, Faculty of Dentistry, University of Alberta, 1978-89
Acting Chairman, Department of Dental Health Care, Faculty of Dentistry, University of Alberta, 1989-present

POSITIONS: Alberta Dental Association 1978-88
- Board of Directors, Attending - Non-Voting
- Community and Preventive Dentistry Committee
- Community Dentistry Liaison
- Dentistry Task Force, Premier's Commission on Future Health Care
- Economics of Practice Consultant
- Economics Committee
Alberta Public Health 1981-88
- Vice-President, Society of Public Health Dentists
- Director, Dental Health Services
- Oral Health Program Committee
- Health Unit Consultant
American College of Dentists 1991-
- President, Midwest Canada Section
Association of the Canadian Faculties of Dentistry 1978-84
- House of Delegates
- Executive Council
- President
Canadian Dental Association 1970-88
- Dental Admissions Test Committee
- Council on Education and Accreditation
- Chairman, Council on Education
- Commission on Dental Accreditation, Non-Voting
- Chairman, National Dental Epidemiology Project
- Alternate Governor, Board of Governors
Canadian Fund for Dental Education 1986-93
- Board of Trustees
- Chairman, Board of Trustees
Canadian Society of Public Health Dentists 1993-
- President-Elect
City of North York 1969-72
- Board of Health
Dentistry Canada Fund, Chairman, 1994

ORGANIZATIONS: Canadian Dental Association
College of Dental Surgeons of B.C.
Interspecialty Dental Society of B.C.
Canadian Academy of Periodontology
Vancouver & District Dental Society
International College of Dentists
Western Society of Periodontology

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Gordon Roy Thordarson

ADDRESS: 1125 West 8th Avenue, Vancouver, B.C. V6H 3N4

DATE AND PLACE OF BIRTH: July 1, 1937, Selkirk, Manitoba

POSITION: Registrar and Chief Executive Officer, College of Dental Surgeons of British Columbia

EDUCATION: John Oliver High School, Vancouver, B.C. 1955
University of B.C., Faculty of Arts & Sciences 1955-58
D.M.D., University of Manitoba, Faculty of Dentistry 1958-62
University of Washington, Department of Graduate Periodontics - Certificate in Periodontics 1967

EXPERIENCE: General Dental Practice in B.C. 1962-65
Practice in Specialty of Periodontics, West Vancouver, B.C. 1967-76
Clinical Instructor, Part-time, University of B.C., Faculty of Dentistry, 1970-72, 1976-80
Clinical Instructor, Part-time, University of B.C., Faculty of Dentistry, Graduate Periodontics, 1980-84
Registrar, College of Dental Surgeons of B.C., 1977-86
Director of Education, College of Dental Surgeons of B.C., 1977-86

POSITIONS HELD: Member of Education Committee, College of Dental Surgeons of B.C., 1969-74
Director, Vancouver & District Dental Society 1969-70
President, B.C., Society of Periodontists 1971-72
Member of Council, College of Dental Surgeons of B.C., 1970-72
Representative of Council to Professional Advisory Committee of B.C. Medical Centre, 1973-75
Chairman, Committee on Specialty Examinations, 1973-74
Secretary, Interspecialty Dental Society of B.C., 1974-75
Chairman, Committee on Examinations Evaluation, 1975-76
CDA Council on Ethics, Member 1980-83, Chairman 1983-86

ORGANIZATIONS: Canadian Dental Association
College of Dental Surgeons of B.C.
Interspecialty Dental Society of B.C.
Canadian Academy of Periodontology
Vancouver & District Dental Society
International College of Dentists
Western Society of Periodontology

AWARDS: Highest standing in dental materials, Faculty of Dentistry, University of Manitoba, 1960
Highest standing in paediatric dentistry, Faculty of Dentistry, University of Manitoba, 1962
Honorary Membership, B.C. Dental Hygienists' Association, 1984
Fellowship, International College of Dentists, 1985

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: Guy Maranda

ADDRESS: 822, Bellevue Avenue, Ste-Foy, Quebec, G1V 2R5

DATE AND PLACE OF BIRTH: September 5, 1936, Paris, France

POSITION: Part-time teaching at Faculty of Dentistry, University of Laval,
(Oral Surgery)
Part-time private practice, Oral and Maxillofacial Surgery

EDUCATION: B.A. - University of Ottawa
D.D.S. - University of Montreal
Graduate Studies - University of Pennsylvania
Residency, Oral and Maxillofacial Surgery, Geisinger Medical
Center, Danville, PA

EXPERIENCE: Private practice, 1965 to present
Teaching, 1970 to present

ORGANIZATIONS: Former President, CAOMFS, QAOMFS, Dental Society of
Quebec
President (1991-93) Royal College of Dentists of Canada

OTHER: Consultant for:
Régie de l'Automobile du Quebec, Commission Santé Sécurité
du Travail, Law Firms

FAMILY: Married to Monique Giguère, R.N., with three children

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: W. Ian Vogan

ADDRESS: 1545 Birmingham, Halifax, NS, B3J 2J6

POSITION Associate Professor, Periodontics, Dalhousie University

EDUCATION: B.D.S., St. Andrews University, Scotland
D.D.S., University of Southern California
Certificate in Periodontics, University of Southern California

EXPERIENCE: Founding Director-Post Graduate Programme in Periodontics, Dalhousie University
Private Specialty Practice in Periodontics, Halifax
Canadian Dental Association Committees:
- Ethics Committee
- Committee on Consumer Products Recognition
- Organizing Chairman, Manpower Symposium, Toronto 1985
- Organizing Chairman, CDA Convention, Halifax, 1986
Past Governor for Nova Scotia, CDA Board of Governors

ORGANIZATIONS: Canadian Dental Association
Nova Scotia Dental Association

OTHER: Ten papers in Referred Journal
Numerous presentations - Britain, France, U.S.A., and Canada

1994 RECIPIENTS OF THE CDA

PRESIDENT'S AWARD

<u>University</u>	<u>Recipient</u>
University of Alberta	James Koehler
University of British Columbia	Christopher Soo
University of Manitoba	Marcel L. Van Woensel
Dalhousie University	Michael Joseph Gillies
Laval University	Denise Moison
University of Western Ontario	Michel R. Gravel
University of Toronto	J. Eric Selnes
McGill University	Cristina Iafrancesco
University of Montreal	Martin Lavallée
University of Saskatchewan	Tamara Jean Harach

CDA COMMITTEES OF EXECUTIVE COUNCIL

1. CDAnet Committee - 7 members

Term: 2 years: renewable 3 times

Eligibility: Special qualifications required

Incumbents: Dr. B. Dolansky, Ottawa - Chairman 1995 (1)
 Dr. R. Balfour, Oakville 1995 (3)
 Dr. J. Brass, Comox 1994
 Dr. A. Dean, New Waterford 1995 (1)
 Dr. L. Dugal, Calgary 1995 (3)
 Dr. B. Glave, Aurora 1995 (3)
 Dr. D. Gutkin, Winnipeg 1995 (3)

° Number in brackets indicates term number

2. Consumer Product Recognition - 6 members

Term: renewable annually

Eligibility: Special qualifications required

Incumbents: Dr. M. Eggert, Edmonton - Chairman 1994 (7)
 Dr. H. Limeback, Toronto 1994 (7)
 Dr. L. Desnoyers, Boucherville 1994 (1)
 Dr. E.C.S. Chan, Montreal 1994 (6)
 Dr. H.S. Sandhu, London 1994 (6)
 Dr. D. Haas, Toronto, 1994 (4)
 Dr. M. Akoury, (observer - Health & Welfare Canada)

° Number in brackets indicates number of years service

/...2

3. Convention Committee - General Chairman
- Members (local arrangements support)

Term: Annually appointed (Chairman)
Eligibility: Special qualifications required
Incumbents: Dr. M. Jahjah, Montreal - Chairman 1987

4. Dental Materials and Devices - 7 members

Term: renewable annually
Eligibility: Special qualifications required
Incumbents: Dr. D. Jones, Halifax - Chairman 1994 (16)
Dr. P. Desautels, Montreal 1994 (17)
Dr. L. Johnson, London 1994 (17)
Dr. D. Ruse, Vancouver 1994 (1)
Dr. D. Smith, Toronto 1994 (17)
Dr. P.T. Williams, Winnipeg 1994 (16)
Dr. A. Chawla, (observer, Health Canada)
Dr. S. Chander, (observer, Bureau Medical Devices,
Health Canada)
Dr. E. Letourneau, (observer, Bureau of Radiation,
Health Canada)
Ms. L. Leinan, (observer, Industry Canada)

° Number in brackets indicates number of years service.

/...3

5. Communications and Membership Committee - 8 members

Term: Chairman - 2 years: non-renewable
Members - 3 years: renewable twice
Executive Council Members - annually appointed
*Recent Graduate - 2 years: non renewable

Incumbents: Dr. J. Brookfield, Chairman, 1996 (1)
Dr. B. Dolman, Montreal
Dr. D. Somer, Hamilton
Dr. J. Diggins, Vancouver
Dr. G. Austman, Windsor, 1996 (1)
*Dr. M. Fatahzadeh, Vancouver, 1996
Dr. C. Fortier, Québec, 1997 (1)
Dr. J. Pearce, Toronto, 1995 (1)

6. Government Relations - 2 members

Term: 3 years: renewable once

Incumbents: Dr. J. Brookfield, Chairman 1994
*Dr. E. MacSween, Ottawa 1996 (3)

* Dr. MacSween's term has been extended for an additional three years.

Sub-Committee on Medical Services Branch (Ad Hoc):

Dr. J. Brookfield, Chairman
Dr. R. Thordarson
Dr. E. MacSween

Sub-Committee Canadian International Development Agency:

Dr. J. Brookfield, Chairman

/...4

7. Taxation - 3 members

- Term: renewable annually
- Eligibility: Expertise required
- Incumbents: Dr. R. Hicks, Chairman 1994 (15)
Dr. J. Brookfield, Kirkland Lake 1994 (1)
Dr. E. MacSween, Ottawa 1994 (7)
- Summary: The members of the Government Relations Committee, shall also be the members of the Taxation Committee.

° Number in brackets indicates number of years service

8. Third Party Dental Plans - 4 members

- Term: 2 years: 3 renewals
- Eligibility: Special interests and qualifications
- Incumbents: Dr. L. Dugal, Calgary, Chairman 1994 (2)
Dr. D. Anderson, Windsor, 1994 (2)
Dr. D. Tobias, Vancouver, 1995 (2)
Dr. A. Dean, New Waterford, 1995 (3)

° Number in brackets indicates term number

NOTE: All Chairperson positions are subject to annual appointment or re-appointment by the President. Vacancies occurring during the year are filled by Presidential appointment in consultation with the Chairperson.

**MEMORANDUM**

January 13, 1994

TO: Presidents - Provincial Dental Associations
and Provincial Licensing Bodies

FROM: Dr. James Brookfield, Chairman,
Committee on Nominations and Awards

SUBJECT: CEO's Candidacy for CDA Awards

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

In 1989, the Executive Council approved a recommendation of the Committee on Nominations and Awards that future Committees be encouraged to review the contributions made by Provincial and Licensing Bodies - CEO's across Canada and consider such persons for awards as appropriate.

Attached for your consideration are the guidelines for awards of the Canadian Dental Association and the list of individuals who have been recipients of these awards. I would request that you review these guidelines and consider the submission of nominations as you deem suitable.

It is intended that awards be bestowed at the Annual Meeting of the CDA Board of Governors in Vancouver, October 2, 1994. As you are no doubt aware, all awards are designated by the Executive Council and it would be appreciated therefore if you would submit your recommendation no later than April 8, 1994.

Attachment

COMMITTEE ON STUDENT AFFAIRS

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Mr. Navid Sarooshi, University of Toronto, Chairman
Dr. Greg Mitton, Halifax, Past Chairman
Dr. Kevin Davis, Toronto, Past Student Governor
Mr. Cory Sul, University of Manitoba, Student Governor
Mr. Andy Penuvchev, University of Toronto, Student Governor-Elect
Ms. Sylvie Moreau, University of Alberta, Chairman-Elect
Mr. Mohan Teekasingh, University of Saskatchewan
Mr. Nareg Apelian, Université de Montréal
Mr. Hannes Girgis, McGill University
Mr. Greg Deck, University of Manitoba
Ms. Catherine Lessard, Université Laval
Ms. Amrit Singh, Dalhousie University
Mr. Lonny Legault, University of British Columbia
Mr. Imad Salloum, University of Western Ontario

Executive

Liaison: Dr. David Somer, Hamilton

Senior Staff: Miss Linda Teteruck, Director of Communications

1. **Committee Meetings**

The Committee on Student Affairs (CSA) met June 5, 1994 at CDA Headquarters in Ottawa. Student representatives attending this meeting were members of the Junior Committee on Student Affairs. The meeting was preceded by the Canadian Dental Students' Conference on Saturday, June 4, 1994.

The Senior CSA will meet October 3-4, 1994 in Vancouver during FDI.

ITEMS REQUIRING BOARD ACTION

2. **New Student Membership Fee Structure**

Further to the decision of the Board in 1992 to initiate one student membership fee, paid at the beginning of first year dentistry, the CSA members reviewed the membership fee payments by students who are enrolled in dental programs for more than four years. This would include students who repeat a year of study or students in the University of Saskatchewan's five-year program. It was the Committee's wish to equalize the amount paid by all students by implementing a standardized undergraduate fee.

RESOLVED:

- 94.75 **THAT CDA implement a universal one hundred dollar undergraduate student membership, regardless of the number of years spent in the program.**

ADOPTED

The Board of Governors agrees with the implementation of a universal undergraduate student membership, effective September 1994. The Board directs that the amount be reviewed on an annual basis and linked to the annual review of fees.

It was noted that this action would require consultation with the ODA since the student membership program in Ontario is conjoint with the ODA.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. Membership Figures for 1993-94

The committee reviewed the student membership figures for 1993-94. Student membership for this year is 92.5% with 1,500 members based on a total enrolment of 1,676. This reflects a slight decrease from the previous year when student membership was 97% with 1,636 members and a total enrolment of 1,684. Members felt that this slight decrease in membership was the result of the initiation of the new fee structure and that it would correct itself within the next few years.

With the new four/five year membership program in place, the need for continued communication between student representatives and CDA was recognized in order to maintain current and accurate membership figures and information.

4. New Grad Membership Campaign

Student representatives acknowledged the benefits associated with having the campaign for new grad members commence in January rather than June of each year. This would permit students to access practice management materials earlier in their final year, reduce their financial outlay (examination and licensing fees, etc.) at the end of the school year and it would allow reps to have a better opportunity to meet personally with new grads to promote membership.

The Committee will bring forward the recommendation to market new grad memberships in January, to the fall meeting of the CSA.

5. Update on Dental Certification and Licensure

Student representatives reiterated their disagreement with the requirement to write the NDEB exams and their concerns over its funding. Students have raised their concern about the value of mandatory testing for licensure in the past and continue to believe that examination fees should be absorbed by a small annual increase in licensing fees. In this way, everyone would share equally in the costs associated with this process since all licensed dentists are supposed to benefit from this process. The Committee's views regarding the examination have not changed and it was felt that they should continue to bring this forward.

Some concern was also expressed regarding the timing of the examinations, particularly for fifth year students at the University of Saskatchewan because of the optional practice placement program that students are involved in there. It was noted that the exams are usually held at the same time for all other faculties (May) and with an exception made at the University of Saskatchewan to accommodate this factor.

6. Dentistry Canada Fund (DCF)

The Committee acknowledged the support provided annually by the Dentistry Canada Fund (formerly Canadian Fund for Dental Education) to the Canadian Dental Students' Conference and felt they should be more aggressive in promoting DCF at their schools, both with students and faculty. Representatives were reminded to invite the regional DCF trustee to address students at Welcome to the Profession evenings.

Because of the many dental students experiencing financial hardship, the Committee would like to see the proportion of DCF funds available to support needy students increased. The committee chairman will write to the DCF to request that funding for students in financial difficulty be held as a priority and that funds in this area be augmented.

7. 1995 Canadian Dental Students' Conference (CDSC)

The Canadian Dental Students' Conference is traditionally held in the spring in order to provide students with an orientation period and sufficient time to prepare fall membership campaigns. It is attended by the incoming Junior CSA representatives.

Next year's CDA/DCF Canadian Dental Students' Conference will take place June 3-4, 1995 in Ottawa at CDA Headquarters.

8. Committee on Student Affairs Structure

Under the structure of the Committee on Student Affairs implemented in 1993, the fourth/fifth year reps attend the fall meeting and the current group of second/third year reps who first meet in the spring, meet next as fourth/fifth year reps in the fall of the following year.

To distinguish the two CSA committees under the new structure, the Committee moved that the third year (fourth year, Saskatchewan) student representatives be given the title of Junior CSA, and the fourth year (fifth year, Saskatchewan) student representative be given the title of Senior CSA.

Junior and senior representatives will be responsible for informing first year students about the position, duties and responsibilities of being a CDA student representative.

9. CSA Committee Position Papers

The Committee felt that the development of position papers was an effective means of bringing forward CSA concerns to the CDA Board and other appropriate groups.

Student representatives felt issues requiring further attention included the current system of marking/grading examinations and the threatened hospital internship program. Position papers will be developed in these areas and brought forward to the Board for information and/or action.

10. International Association of Dental Students (IADS)

Students discussed membership in the IADS, a European-based association for dental students started in Copenhagen, Denmark in 1951. One of its main membership benefits is a student international exchange program.

The Committee suggested that CSA membership in the IADS could be promoted as a CDA student membership benefit.

Membership in IADS will be reviewed at the fall CSA meeting once the benefits of this can be discussed at the dental schools. If the response from the schools is favourable, CDA may be approached about supporting membership in IADS.

11. Students and Stress

High stress levels and dental students' ability to cope with it was noted as a common concern at all the dental faculties. The student reps cited examinations, course workloads, marking/grading methods, student/faculty relationships, and financial hardship as the main causes of stress.

A need to improve the availability of counselling programs, resources and services available to students under stress was recognized. The Ontario Dental Association's "Dentist at Risk" program for practitioners was commended as a program which meets this growing need.

The ACFD will also be approached about this issue.

12. Selection of CDA/Dentsply Student Clinician at Faculties

The process of determining the table clinic winners varied from school to school and in some instances guidelines were not adhered to (ie: fourth/fifth year students are not eligible to compete).

The Committee felt that there was a need to monitor the selection of student clinicians and recommended that reps ensure that the faculty is following the published guidelines.

Representatives also recognized the need to raise CDA and Dentsply's profile at the schools as organizers and sponsors of this event and it was suggested that they submit an article to their DSS journals to promote this.

13. School Closures

The threat of termination of dental programs at some Canadian universities is an ongoing concern for the CSA and all dental students. Of immediate concern is the proposed closure of the University of Alberta's dental school.

Students are also concerned about maintaining the high standard of education for students currently enrolled at faculties, like the University of Alberta, where programs are threatened and will send a letter to express both their protest of school closures and their concerns about maintaining standards.

14. Election of Student Governor and Chairman

The Committee was pleased with the high degree of interest on the part of those nominated for the two elected positions and were pleased to confirm Mr. Andy Penuvchev, University of Toronto, as Student Governor-Elect and Ms. Sylvie Moreau, University of Alberta, as Chairman-Elect.

15. Conclusion

On behalf of the Committee on Student Affairs, I would like to thank the CDA for its continued support of dental students. I would also like to thank Dr. Somer, CDA Executive Liaison, Ms. Linda Teteruck and Ms. Beverly Chéné for their guidance and support of CSA activities.

Respectfully submitted,

Navid Sarooshi, Chairman
Committee on Student Affairs

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Student Affairs.

TAXATION COMMITTEE

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. Robert Hicks - Chairperson, Vancouver Dr. Jim Brookfield, Kirkland Lake, Ontario Dr. Elizabeth MacSween, Ottawa, Ontario
Executive Liaison:	Dr. Bernie White
Senior Staff:	Mrs. Sandra Davis, Manager, Corporate Affairs
Coordinator:	Ms. Martyne Giroux

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Taxation of Dental Plan Premium Benefits

Prior to the February, 1994 Federal Budget, the CDA was alerted that the Minister of Finance was considering taxation of dental plan premium benefits received by employees. The Taxation Committee developed and provided to the CDA President a brief stating the reasons why CDA was strongly opposed to this new taxation target. The Minister of Finance was persuaded to not proceed with taxation of dental plan benefits in the February 1994 Budget but indicators point to the possibility that this tax issue may surface again in the next federal budget.

In the April 1994 Taxation Committee report, a recommendation was put forward encouraging the CDA to embark on a national lobby, involving our dental patients and other allied groups and organizations, to influence the Minister of Finance that dental plan premium benefits should not be taxed. Since that time, the communications section of CDA has done an excellent job of developing this national lobby.

The role of the Taxation Committee during this lobby will be to deal with technical issues that may arrive that require communication and discussion with the technical people within the Department of Finance. In addition, the Taxation Committee will be available to act as spokespersons when required.

2. GST and Dentistry - 1994

The Chairman of the Taxation Committee, Mrs. Sandra Davis and Ms. Martyne Giroux monitored and reviewed the proceedings of the GST hearings. While a number of interesting recommendations were presented to change the existing GST legislation, the final report did not recommend any significant changes.

The main thrust of the report of the Standing Committee on Finance was to combine provincial sales tax and the Goods and Services Tax and refer to them as a "national tax". This scenario was put forward in 1989-90 as the GST was being developed, but the provinces would not participate at that time.

There was comment made after the release of the report suggesting changes to the taxation status of certain medical devices in the zero rated portion of the GST legislation. The Taxation Committee will monitor this issue closely to see if any dental items are affected.

3. **Dental Associates and Dental Hygienists Agreements as Independent Contractors**

The Chairman of the Taxation Committee and committee member, Dr. Elizabeth MacSween, have been working with two tax law advisors in Toronto in order to develop an agreement for associate dentists and dental hygienists to utilize in their working relationship with a primary dentist. The items agreed to in this agreement must support the profile of an independent contractor and not an employee.

The CDA representatives have assisted in developing a dental associate profile and a dental hygienist profile. At the present time, our legal advisors are applying the important items supporting independent contractor status (i.e. from case law).

It is anticipated that the first draft agreement will be available at the October 1994 Board of Governors meeting in Vancouver.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Taxation Committee as information.

THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Luc Dugal, Calgary
Dr. David Anderson, Windsor
Dr. Alf Dean, New Waterford
Dr. David Tobias, Vancouver

Executive Liaison: Dr. John Diggins, Vancouver

Coordinator: Ms. Susan Matheson

1. Committee Meetings

The Third Party Dental Plans Committee has met once since the report to the 1994 Interim Meeting: May 6 & 7, 1994.

ITEMS REQUIRING BOARD ACTION

2. Uniform System of Codes and List of Services

APPENDIX I

The Third Party Committee continues to dialogue with the Provincial Committees and Specialty Committees in order to address future changes required to the USCLS.

As an ongoing revision to the USCLS, the Committee submits changes and/or additions to the USCLS for Board approval and implementation in 1995.

RESOLVED:

94.76 THAT the revisions to the USCLS as outlined in Appendix I be accepted and implemented on January 1, 1995.

ADOPTED

The Committee circulated the following changes to the Scaling/Polishing codes to the provinces and national specialty groups for input.

The Academy of Periodontology, CDSBC, Saskatchewan, Manitoba, Nova Scotia and New Brunswick noted support for the change. Ontario noted support for the change providing that the package codes remained in the USCLS. Newfoundland, P.E.I. & Alberta noted that they

would respond following their respective Board meetings in May. Therefore, the Committee puts forth the following motion for implementation in 1996, to allow the insurance industry and the provinces adequate time to implement the required system changes and fee guide changes required.

APPENDIX II**RESOLVED:**

- 94.77 **THAT the revisions to the USCLS as outlined in Appendix II be accepted and implemented on January 1, 1996.**

ADOPTED

3. **CDA Prepaid Dental Plans Policy Manual**

The Committee has completed the revisions of the Prepaid Dental Plans Policy Manual. Copies of the draft were circulated to the provinces for information. The shaded areas in the revised document note the changes to the manual. (Note: the final document has not been reprinted in the CDA Transactions, and is available from CDA offices.)

RESOLVED:

- 94.78 **THAT the CDA Prepaid Dental Plans Policy Manual (1994) be approved as amended.**

ADOPTED

The existing document was provided to Governors as information.

Following Board approval the Committee will be requesting funds from CDA to typeset and print the Policy Manual.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. **Plans for 1995 3P/Provincial Meeting.**

The Committee would like to hold a second national meeting on January 21, 1995 in Ottawa. The format and topic areas will be finalized at the next Committee meeting. The Committee would be pleased to receive comments from the provinces regarding possible topics for the meeting.

5. Alternative Payment Systems

The Committee has been informed regarding various "Managed Health Care Plans" that are being offered by Canadian insurance companies. The Committee is gathering resource materials and preparing information packages for the provinces to alert the profession regarding these new plans. The Committee encourages the provinces to share with CDA any additional information received so that the profession will be updated on new activities.

6. Purchaser Information Program

The direction of the Purchaser Information Program (PIP) is involved with the dissemination of information through orders received from across Canada for the Direct Reimbursement Kit and telephone requests for information. Due to budget restrictions, no aggressive activities can be implemented. However, requests for information continue to be handled by the CDA PIP office.

7. Closing Comments by Chairman

I would like to thank the Committee members and CDA staff, Susan Matheson and Pat Drake for their continued assistance and support.

Respectfully submitted,

Luc Dugal, D.M.D., Chairman
Third Party Dental Plans Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Third Party Dental Plans Committee.

USCLS ADDITIONS AND/OR CHANGES FOR IMPLEMENTATION JANUARY 1, 1995**CHANGE 04920 CASTS, DIAGNOSTIC, MOUNTED**

- | | |
|-------|--|
| 04921 | Casts, Diagnostic, Mounted +L |
| 04922 | Casts, Diagnostic, Mounted, using face bow transfer +L |
| 04923 | Casts, Diagnostic, Mounted, using face bow + occlusal records +L |
| 04924 | Casts, Diagnostic, Mounted using fully adjustable articular +L (used with 04942) |

Requested by the CDSBC

NEW 13600 TOPICAL APPLICATION TO HARD TISSUE OF AN ANTIMICROBIAL AGENT

- | | |
|-------|-------------------------------|
| 13601 | One unit of time +E |
| 13602 | Two units of time +E |
| 13609 | Each additional unit over two |

Requested by the ODA

CHANGE 93120 DENTAL LEGAL LETTERS, REPORTS AND OPINIONS

- | | |
|-------|--|
| 93121 | A dental-legal report - a short factually written or verbal communication given to any lay person (e.g. lawyer, insurance representative, local, municipal or government agency etc.) in relation to the patient with prior patient approval. |
| 93122 | A dental-legal report - a comprehensive written report with patient approval, on systems, history and records giving diagnosis, treatment, results and present condition. The report is a factual summary of all information available on the case and could contain prognostic information regarding patient response. |
| 93123 | A dental-legal opinion - a comprehensive written report primarily in the field of expert opinion. The report may be an opinion regarding the possible course of events (when these cannot be determined factually), with possible long term consequences and complications in the development of the conditions. The report will require expert knowledge and judgement with respect to the facts leading to a detailed prognosis. |

Requested by the CDSBC

APPENDIX II

USCLS ADDITIONS AND/OR CHANGES FOR IMPLEMENTATION JANUARY 1, 1996

CHANGE 11100 POLISHING

11101	One unit of time
11102	Two units of time
11107	One half unit of time
11109	Each additional unit over two

NEW 11110 SCALING

11111	One unit of time
11112	Two units of time
11113	Three units of time
11114	Four units of time
11115	Five units of time
11116	Six units of time
11117	One half unit of time
11119	Each additional unit over six

CHANGE 11200 PREVENTIVE RECALL PACKAGE I, including recall examination, scaling and polishing

11201	Primary Dentition
11202	Mixed Dentition
11203	Permanent Dentition

11300 PREVENTIVE RECALL PACKAGE II, including recall examination, scaling, polishing and topical fluoride treatment

11301	Primary Dentition
11302	Mixed Dentition
11303	Permanent Dentition

11400 PREVENTIVE RECALL PACKAGE III, including recall examination, scaling, polishing and oral hygiene re-instruction

11401	Primary Dentition
11402	Mixed Dentition
11403	Permanent Dentition

	11500	PREVENTIVE RECALL PACKAGE IV, including recall examination, scaling, polishing, topical fluoride treatment and oral hygiene re-instruction
	11501	Primary Dentition
	11502	Mixed Dentition
	11503	Permanent Dentition
DELETE	43410	Periodontal Scaling
NEW	11110	SCALING
CHANGE	42100	Surgical Curettage, to include definitive root planing
	42110	per sextant

SUB-COMMITTEE ON CDA STRUCTURE AND RELATIONSHIPS

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Jim Brookfield, Kirkland Lake - Chairman
Dr. Barry Dolman, Montreal
Dr. David Somer, Hamilton
Dr. John Diggins, Vancouver
Dr. Toby Gushue, St. John's

Senior Staff: Miss Linda Teteruck, Director of Communications
Mr. Bill Grogan, Consultant

1. Committee Meetings

The Sub-Committee has met once since the last Board meeting - on April 17, 1994.

ITEMS REQUIRING BOARD ACTION

2. Activities to Date and Future Direction

a. Analysis of Telephone Interview Results/General Conclusions

APPENDIX I

Committee members held a telephone outreach program with key members of organized dentistry in December 1993 and January 1994. The following is a summary of their findings.

- All committee members confirmed that their respondents felt that CDA was a better organization than it was five years ago. In addition, all respondents felt that it would be beneficial for CDA to widely consult its membership on their opinion of the organization prior to initiating any changes.
- In addition, members concurred that the licensing bodies in their jurisdictions had confirmed that they did not wish formal representation within the political structure of CDA, although the opportunity for discussion and consultation remained very important.
- All committee members felt that it was not the time or place to make significant changes to the structure of the CDA and that hasty action could create more problems than it would fix.

- It was noted, however, that most respondents to our outreach program were either familiar with or involved in organized dentistry and that any kind of change in the nature or structure of the CDA may seem disruptive or simply unnecessary to them.
- It might be worthwhile for CDA to extend its study of this issue beyond this group rather than limiting it only to corporate members and key players in organized dentistry.

The shortcomings of the actual outreach survey were discussed (too long, inflexible, dependent on interviewees having a good background knowledge of CDA) and it was pointed out that when the survey had originally been developed by the Committee last November, there was the desire to be open-minded and allow respondents maximum opportunity to comment. The Committee members were unanimous in wanting to avoid any impression of influencing or directing the responses in a particular area. It had never been assumed that the same survey would be used for those not closely related to organized dentistry. A different kind of outreach mechanism would be required.

b. Future Direction

Clearly now was not a time of ready acceptance to make major changes to the structure of the association. However, CDA should have a mechanism whereby this issue and others that are long range in their planning needs can be reviewed on an ongoing basis. Otherwise there may be the tendency to forget about these problems and what has been accomplished. All too often a process is begun that stalemates and/or dies when it is not reviewed on a regular basis. Often long-term positive change is a product of just keeping the momentum going.

For this reason the Committee concluded that it might be advantageous for CDA to restructure this Committee into a long range planning committee that can, on a continual basis, review and revisit issues such as this in a timely fashion, and assess whether there is the need to move forward to action. In order to be cost effective and visibly worthwhile, the committee could review a variety of issues that require long range planning and review and not just the structure of CDA.

It was noted that the creation of this kind of committee may result in touching some sensitivities within the Executive Council and other committees of CDA.

The Committee felt that the mandate of this committee would be to deal with long range planning issues affecting the Association from a political and strategic perspective and leave the tactical arrangements to the appropriate CDA committee, Management and staff. It also could act as a support to Executive Council, particularly in preparation for the annual fall planning session.

c. Creation of a Planning and Issues Coordinating Committee

There was consensus on the formation, name, terms of reference, structure and membership on the Committee.

RESOLVED:

94.79 I. THAT the formation of a Planning and Issues Coordinating Committee be approved.

II. THAT the Committee function as an Ad Hoc Committee of Executive Council for a two year trial period pending review and permanent appointment by the Executive Council as a standing Committee.

III. THAT membership on the Committee be comprised as follows:

- Chairman: Member of Management Committee**
- Three members of Executive Council, with one of these members being the Chairman of the Communications and Membership Committee.**

THAT appointments to the Committee be made on an annual basis.

ADOPTED

RESOLVED:

94.80 **THAT the following Terms of Reference for the Planning and Issues Coordinating Committee be approved:**

- a.** to identify emerging and strategic issues that are critical to the dentists of Canada including undertaking an annual review of past policies of the Association.
- b.** to provide guidance and direction to the appropriate groups/committee or structure within CDA for policy formulation.
- c.** to play a coordinating role, as required, among CDA committees in the execution of specific actions.
- d.** to give guidance in the allocation of appropriate resources to critical issues.
- e.** to act as a resource for the Executive Council Planning Session.

ADOPTED

RESOLVED:

94.81 **THAT the Chairman of the Communications and Membership Committee be a member of the Executive Council.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. **Membership**

The committee will be comprised of four members as follows:

Chairman - Member of Executive Council

3 members of Executive Council as designated by the President with one of these members being the

Appointments will be made on an annual basis.

Staff support will be allocated as appropriate but it was suggested that since the issues that this committee will be dealing with will cross over all department boundaries, senior staff from all departments should be available to support meetings and activities of the Committee.

NOTE: It was the feeling of the committee that under the new structure, the chairman of the Membership and Communications Committee no longer needs to be a member of the Management Committee and can be a member of the Executive Council instead.

4. **Terms of Reference**

- a. To identify emerging and strategic issues that are critical to the dentists of Canada including undertaking an annual review of past policies of the Association.
- b. To provide guidance and direction to the appropriate group/ committee or structure within CDA for policy formulation.
- c. To play a coordinating role, as required, among CDA committees in the execution of specific actions.
- d. To give guidance in the allocation of appropriate resources to critical issues.
- e. To act as a resource for the annual planning session.

5. Number of Meetings

It was suggested that the committee could meet at least twice a year. This should be analyzed on a needs basis by the Association. In order to be cost effective, they could meet at times adjacent to meetings of the Executive Council.

Respectfully submitted,

James Brookfield, D.D.S.
Chairman, Sub-Committee on Structure
and Relationships

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Sub-Committee on CDA Structure and Relationships.

INTERVIEW WITH MEMBERS OF THE PROFESSION ON THE ROLE AND STRUCTURE OF CDA

Name of Interviewer:

Name of Dentist Being Interviewed

Sample Introduction

Thank you very much for taking time to talk to me about the Canadian Dental Association. Your feedback will be used to seek a consensus on how CDA should proceed with a formal evaluation of its current role. This would include how we should function and how we should be structured to most effectively serve the needs of our members. Your reply today will be pooled with those of others to see whether there is both the need and the will within the profession to proceed with this type of evaluation. If there is the consensus to proceed, your comments and those of your colleagues will form the basis of a more formal evaluation of our role and structure by a larger number of our members. Do you have any questions on the process we're undertaking at this time?... If not, let's begin.

1. As an individual dentist, what are your professional and personal needs from the CDA?

As a member (or administrator) of the _____,
(organization the interviewee is involved in) what are your organizational
needs from the CDA?

2. Does the Canadian Dental Association have a role to play in meeting these needs?

If yes, how? If no, why not?

To summarize, the contact is:

- (a) _____ in favour of CDA changing to meet these needs
(b) _____ is neutral about this
(c) _____ in favour of maintaining the current status

- 3a. Do you feel the Canadian Dental Association is responsive to your needs as an individual member of the dental profession?

If yes, how?

If no, why not?

To summarize, the contact is:

- (a) _____ in favour of CDA changing to be more responsive
(b) _____ is neutral about this
(c) _____ in favour of maintaining the current status

- 3b. Do you feel that CDA is responsive to your needs as a member of organised dentistry?

If yes, how?

If no, why not?

To summarize, the contact is:

- (a) _____ in favour of CDA changing to be more responsive
(b) _____ is neutral about this
(c) _____ in favour of maintaining the current status.

4. How well does CDA meet your needs now, compared to five years ago?

- (a) _____ more responsive
(b) _____ the same
(c) _____ less responsive

Please comment.

5a. Do you, as an individual, feel connected to CDA?

If yes, why?

If no, why not?

If no, what can CDA do to change this?

To summarize - the contact feels:

- (a) _____ that CDA should do something about this
- (b) _____ is neutral about this
- (c) _____ wants to maintain the current status

5b. Do you, as a representative (or administrator) of the _____, feel connected to CDA?

If yes, why?

If not, why not?

If no, what can CDA do to change this?

To summarize - the contact feels

- (a) _____ that CDA should do something about this
- (b) _____ is neutral about this
- (c) _____ wants to maintain the current status

6. Do you feel that CDA's current policy of members being represented on our Board of Governors only once, is a valid policy?

If yes, why?

If no, why not?

To summarize - the contact feels:

- (a) _____ that CDA should do something about this
- (b) _____ is neutral about this
- (c) _____ wants to maintain the current status

7. At times CDA has a sense that some groups and organizations would like to see greater representation within CDA. What do you think?

To summarize - the contact feels:

- (a) _____ that CDA should do something about this
- (b) _____ is neutral about this
- (c) _____ wants to maintain the current status

8. CDA currently supports its activities from individual, corporate and licensing fees. Do you have any comments or questions on how we are funded?

Do you think that the current system is fair and equitable?

Comments:

To summarize - the contact feels:

- (a) _____ that CDA should do something about this
- (b) _____ is neutral about this
- (c) _____ wants to maintain the current status

9. Do you feel there is an overlap in services and functions among CDA, provincial dental association and licensing bodies?

If yes, do you feel that this is a problem? _____

If it is a problem, how can this problem be solved?

If no, would you like to comment?

To summarize - the contact feels:

- (a) _____ that CDA should do something about this
(b) _____ is neutral about this
(c) _____ wants to maintain the current status

10. Would you like to see this process of evaluation and consultation with CDA's members and shareholders move ahead?

If yes, what process should it follow? How?

If no, why not?

To summarize - the contact feels:

- (a) _____ that CDA should proceed with survey of membership
- (b) _____ the status quo is acceptable - no need for future survey

11. Do you have anything more to say or add to any of the questions and comments that have been made so far?

12. In summarizing what you've told me today, would you say that you are

- (a) _____ strongly in favour of changing the role and structure of the CDA?
- (b) _____ neutral and don't feel one way or another about wanting change within CDA?
- (c) _____ strongly in favour of maintaining CDA's current role and structure?

Conclusion

Thank you for taking the time to speaking to me today about the CDA. I can assure you that your comments will be very carefully considered as CDA decides how it should proceed in this review and evaluation of its role and structure.

SUMMARY OF INTERVIEW RESPONSES

INTERVIEWS CONDUCTED BY: _____

(a) Need for Change (b) Neutral (c) Current Status

(Please circle those responses which best reflect your discussions with those interviewed.)

QUESTION > 2 3a 5a 5b 6 7 8 9 10 12
(Please co-relate with questionnaire)

Interviewed:	a	a	a	a	a	a	a	a	a	
Dr. _____	b	b	b	b	b	b	b	b	b	b
_____	c	c	c	c	c	c	c	c		c

Interviewed: a	a	a	a	a	a	a	a	a	a	
Dr. _____	b	b	b	b	b	b	b	b	b	b
_____	c	c	c	c	c	c	c	c		c

=										
a	a	a		Interviewed	a	a	a	a	a	a
Dr. _____	b	b	b	b	b	b	b	b	b	b
_____	c	c	c	c	c	c	c	c		c

=										
a	a			Interviewed	a	a	a	a	a	a
Dr. _____	b	b	b	b	b	b	b	b	b	b
_____	c	c	c	c	c	c	c	c		c

Interviewed: a	a	a	a	a	a	a	a	a	a	
Dr. _____	b	b	b	b	b	b	b	b	b	b

COUNCIL ON CONSTITUTION AND BY-LAWS

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Mac Balfour, Chairman - Oakville
Dr. John Silver, Vancouver
Dr. Lynn Stone, Edmonton
Dr. Gerald Turner, Glace Bay
Dr. George Peacock, Consultant, Saskatoon

Executive Liaison: Dr. Barry Dolman, Montreal

Senior Staff: Mrs. Sandra Davis, Manager - Corporate Affairs

Coordinator: Ms. Martyne S. Giroux

1. Council Meetings

One meeting of Council has taken place since the 1994 Interim Meeting of the Board of Governors. This meeting, utilizing a conference call, was held on May 9, 1994.

ITEMS REQUIRING BOARD ACTION

The items requiring consideration of the Board included those referred from the decisions taken during the 1994 Interim Meeting.

2. Terms of Reference - Committee on Nominations and Awards

Resolution of the 1994 Interim Meeting:

94.32 THAT the revised Terms of Reference of the Committee on Nominations and Awards be approved as appended.

Note: The Board of Governors refers the revised terms to the Council on Constitution and By-Laws for necessary by-law amendment.

RESOLVED:

94.82 THAT Article X - Election of Officers, Section 4, Nominations be approved as amended.

APPENDIX I

ADOPTED

RESOLVED:

- 94.83 **THAT Article X - Elections of Officers, Section 6, Nominations be approved as amended.**

APPENDIX II

ADOPTED

RESOLVED:

- 94.84 **THAT Article XI - Officers and Officials, Section 4 (d), Roles and Responsibilities of the Vice-President be approved as amended.**

APPENDIX III

ADOPTED

RESOLVED:

- 94.85 **THAT Article XVI, Councils, Commissions, Committees, Section 2 (c), Nomination and Election be approved as amended.**

APPENDIX IV

ADOPTED

RESOLVED:

- 94.86 **THAT Article XVI - Councils, Commissions, Committees, Section 5 (a) - Terms of Reference of Commissions be approved as amended.**

APPENDIX V

ADOPTED

3. **Article VIII, Board of Governors, Section 1(b) - Composition - Housekeeping**

It was brought to the Council's attention that the name of the Department of National Health and Welfare had changed to the Department of Health Canada. The By-Laws included a reference to the name "Department of National Health and Welfare" in Article VIII, Board of Governors, Section 1(b) - Composition.

RESOLVED:

- 94.87 **THAT Article VIII, Board of Governors, Section 1 (b) - Composition be approved as amended.**

ADOPTED

APPENDIX VI

ITEMS FOR INFORMATION - NOT REQUIRING ACTION

4. Dissolution Clause in CDA By-Laws

Council was provided with information on the possibility of adding a dissolution clause to the CDA By-Laws. To assist in keeping CDA's non-profit status clear in terms of Revenue Canada requirements, the dissolution clause would state that CDA assets could not be distributed to members should the organization disband. Instead, assets would be transferred to a designated non-profit or charitable organization. Background information has been requested from CDA's auditors, McCay Duff on this matter. Council awaits further policy direction which might come forward from Management Committee or Executive Council.

- 5.** Council would like to to express thanks to Ms. Martyne Giroux and Mrs. Sandra Davis their ongoing assistance.

Respectfully submitted,

Mac Balfour, Chairman
Council on Constitution and By-Laws

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Constitution and By-Laws.

CURRENT

ARTICLE X

ELECTION OF OFFICERS

The election of officers, Chairman of the Board of Governors and members of the Executive and other councils and commissions shall take place at the annual meeting of the Board of Governors and shall be by vote of the members of the Board of Governors.

Section 1 - Vacancy of Chairman

In the event the office of Chairman of the Board becomes vacant, such vacancy shall be filled at the next Annual or Interim Meeting of the Board of Governors following the nomination election procedures contained in Article X. The President shall fulfill the duties of the Chairman from the time any vacancy in the office of Chairman occurs until such time as a new Chairman has been elected.

Section 2 - Vacancy of President

In the event the office of President becomes vacant, the President-Elect shall become President for the unexpired portion of the term. In the event the office of President-Elect becomes vacant, the Vice-President shall become President-Elect for the unexpired portion of the term. In the event that the office of both the President-Elect and Vice-President becomes vacant, the office of President for the ensuing year shall be filled at the next Annual Meeting of the Board in the same manner as provided for nominations and election of Elective Officers.

Section 3 - Vacancy of Past-President

In the event the office of Past-President becomes vacant, the office shall remain vacant until the current President assumes the position of Past-President following the next Annual Meeting of the Board of Governors.

Section 4 - Nominations

The report presented by the Committee on Nominations, Awards and Trusts shall be received in advance of the annual meeting by the Board of Governors and the complete list of names of proposed candidates shall be placed in nomination at the annual meeting.

Amended 08/91

ARTICLE X

ELECTION OF OFFICERS

The election of officers, Chairman of the Board of Governors and members of the Executive and other councils and commissions shall take place at the annual meeting of the Board of Governors and shall be by vote of the members of the Board of Governors.

Section 1 - Vacancy of Chairman

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Section 2 - Vacancy of President

In the event the office of President becomes vacant, the President-Elect shall become President for the unexpired portion of the term. In the event the office of President-Elect becomes vacant, the Vice-President shall become President-Elect for the unexpired portion of the term. In the event that the office of both the President-Elect and Vice-President becomes vacant, the office of President for the ensuing year shall be filled at the next Annual Meeting of the Board in the same manner as provided for nominations and election of Elective Officers.

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In the event the office of Past-President becomes vacant, the office shall remain vacant until the current President assumes the position of Past-President following the next Annual Meeting of the Board of Governors.

Section 4 - Nominations

The report presented by the Committee on Nominations and Awards shall be received in advance of the annual meeting by the Board of Governors and the complete list of names of proposed candidates shall be placed in nomination at the annual meeting.

CURRENT

ARTICLE X ELECTION OF OFFICERS

Section 5 - Ballots

The Vice-President, other members of the Executive Council, Chairman of the Board of Governors and members of other councils and commissions shall be elected by separate ballot.

Section 6 - Nominations

Nominations for a member of the Committee on Nominations, Awards and Trusts for a term of three (3) years shall be made from the floor by a member or members of the Board of Governors.

Section 7 - Majority Vote

All elections shall be by ballot and a majority vote of the Governors present shall be necessary to elect. In case no candidate receives a majority of the votes cast on the first ballot, the one receiving the least number of votes shall be dropped and a new ballot shall be taken. This procedure shall be continued until a candidate receives a majority of all votes cast, when he shall be declared elected.

Section 8 - Term of Office

Except as otherwise provided in these By-laws the elected officers, the members of the Executive and other councils and commissions shall assume and continue to hold office from the termination of one annual meeting to the termination of the next following annual meeting.

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Except as otherwise provided in these By-laws the elected officers, the members of the Executive and other councils and commissions shall assume and continue to hold office from the termination of one annual meeting to the termination of the next following annual meeting.

CURRENT

ARTICLE XI OFFICERS AND OFFICIALS

Section 3 - Roles and Responsibilities of the President-Elect

- (a) shall assist the President as requested in the performance of his duties.
- (b) shall serve as Acting President in the event that the office of the President becomes vacant.
- (c) shall be a member of the Management Committee.
- (d) shall be responsible for the preparation of the budget and presentation of the financial statements to the Executive Council and subsequently to the Board of Governors.
- (e) shall succeed to the office of the President at the next annual meeting of Board of Governors following his term as President-Elect.

Section 4 - Roles and Responsibilities of the Vice-President

- (a) shall assist and support the President in the performance of his duties.
- (b) shall represent the Association at the request of the President.
- (c) shall be a member of the Management Committee.
- (d) shall act as Chairman of the Committee on Nominations, Awards and Trusts.
- (e) shall succeed to the office of the President-Elect at the next annual meeting of the Board of Governors following election as Vice-President.

Section 5 - Roles and Responsibilities of the Immediate Past-President

- (a) shall assist the President as requested, in the performance of his duties.
- (b) shall be a member of the Management Committee.
- (c) shall hold office from the termination of the Annual meeting in which they were President, until the termination of the second session of the Executive Council following that Annual Meeting.

ARTICLE XI

OFFICERS AND OFFICIALS

Section 3 - Roles and Responsibilities of the President-Elect

- (a) shall assist the President as requested in the performance of his duties.
- (b) shall serve as Acting President in the event that the office of the President becomes vacant.
- (c) shall be a member of the Management Committee.
- (d) shall be responsible for the preparation of the budget and presentation of the financial statements to the Executive Council and subsequently to the Board of Governors.
- (e) shall succeed to the office of the President at the next annual meeting of Board of Governors following his term as President-Elect.

Section 4 - Roles and Responsibilities of the Vice-President

- (a) shall assist and support the President in the performance of his duties.
- (b) shall represent the Association at the request of the President.
- (c) shall be a member of the Management Committee.
- (d) shall act as Chairman of the Committee on Nominations and Awards.
- (e) shall succeed to the office of the President-Elect at the next annual meeting of the Board of Governors following election as Vice-President.

Section 5 - Roles and Responsibilities of the Immediate Past-President

- (a) shall assist the President as requested, in the performance of his duties.
- (b) shall be a member of the Management Committee.
- (c) shall hold office from the termination of the Annual meeting in which they were President, until the termination of the second session of the Executive Council following that Annual Meeting.

CURRENT

Article XVI

COUNCILS, COMMISSIONS, COMMITTEES

Section 1 - Councils, Commissions, Committees

(a) Councils

Executive
 Constitution and By-laws
 Education
 Insurance and Investment

b) Commissions

Commission on Dental Accreditation of Canada

(c) Committees

Committees of the Executive Council or the Board of Governors or Special Committees may be established by the Board of Governors and/or the Executive Council or as provided elsewhere within these by-laws.

Section 2 - Nomination and Election

- (a) Nominees for membership on councils and appointees to commissions shall be placed in nomination at the annual meeting of the Board of Governors.
- (b) All council or commission members shall be elected or appointed by the Board of Governors at the annual meeting pursuant to Article X, Section 7 of these bylaws.
- (c) The Committee on Nominations, Awards and Trusts shall be nominated and elected by the Board of Governors at the annual meeting pursuant to Article X, Section 6 of these bylaws.

Section 3 - General Rules

- (a) The term of office of council or commission members other than members of the Executive Council shall be three years.
- (b) Except otherwise provided in these By-laws, the tenure of office shall be limited to two terms of three years each except that an appointment to fill the unexpired portion of a vacancy shall not be considered as a term of office under these rules.

Amended 08/91

Article XVI

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- (b) Except otherwise provided in these By-laws, the tenure of office shall be limited to two terms of three years each except that an appointment to fill the unexpired portion of a vacancy shall not be considered as a term of office under these rules.

CURRENT

ARTICLE XVI COUNCILS, COMMISSIONS, COMMITTEES

Section 5 - Terms of Reference of Commissions

(a) Commission on Dental Accreditation of Canada

The Commission on Dental Accreditation of Canada shall consist of fifteen members. In electing the membership of the Commission, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) One person appointed by the CDA in consultation with the Presidents of the Dental Specialty Sections.
- (11) A lay person appointed by the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall be elected from among the members of the commission in the following fashion: Any two members of commission may propose and second a nomination to be received directly by the Canadian Dental Association Committee on Nominations, Awards and Trusts. The Canadian Dental Association Committee on Nominations, Awards and Trusts will employ a secret ballot of the Commission on Dental Accreditation of Canada if more than one nomination is received. If the ballot does or does not result in a tie, the President of the Canadian Dental Association shall on the recommendation of Executive Council make the nomination and ratify the appointment.

The term of office for the Chairman of the Commission on Dental Accreditation of Canada shall be two (2) years, renewable once by election. Election to commission shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Commission on Dental Accreditation of Canada.

Amended 05/93

ARTICLE XVI COUNCILS, COMMISSIONS, COMMITTEES

Section 5 - Terms of Reference of Commissions

(a) Commission on Dental Accreditation of Canada

The Commission on Dental Accreditation of Canada shall consist of fifteen members. In electing the membership of the Commission, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) One person appointed by the CDA in consultation with the Presidents of the Dental Specialty Sections.
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The term of office for the Chairman of the Commission on Dental Accreditation of Canada shall be two (2) years, renewable once by election. Election to commission shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Commission on Dental Accreditation of Canada.

CURRENT

ARTICLE VIII

BOARD OF GOVERNORS

Section I - Composition

- (a) There shall be a Board of Governors which shall include (i) the President; (ii) the Immediate Past-President; (iii) the President-Elect; (iv) the Vice-President; (v) one member from each Provincial Corporate Member for the first 500 active and licensed life members or part thereof exclusive of members who are officers of the Canadian Forces Dental Services; (vi) one member for each additional 500 active and licensed life members or majority thereof in each province, exclusive of members who are officers in the Canadian Forces Dental Services; (vii) one member representative of the Student members; (viii) one member for each 500 active and licensed life members or part thereof of the members who are officers in the Canadian Forces Dental Services; (ix) one member representative of Affiliate members from a province wherein the Affiliate membership in that province is greater than 250 members, and where in the opinion of the Executive Council of the CDA, the appointment of an affiliate governor from that province is in the national interest of the profession. Every member of the Board other than a Student Member or an Affiliate member appointed in accordance with (ix) of this section shall while holding office be and remain an Active member of the Association.
- (b) In addition, there shall be two non-voting members, namely, the senior dental representative of the Department of National Health and Welfare and the Department of Veterans Affairs.
- (c) The Chairman of the Board of Governors and the appointed officials of the Association shall be ex-officio members without the power to vote.

Section 2 - Elections or Appointments

- (a) Each Corporate member shall elect or appoint its representative or representatives to the Board of Governors in such manner as the Corporate member may decide.
- (b) In like manner the Council on Student Affairs shall select its representative member on the Board of Governors.

PROPOSED

ARTICLE VIII

BOARD OF GOVERNORS

Section I - Composition

- (a) There shall be a Board of Governors which shall include (i) the President; (ii) the Immediate Past-President; (iii) the President-Elect; (iv) the Vice-President; (v) one member from each Provincial Corporate Member for the first 500 active and licensed life members or part thereof exclusive of members who are officers of the Canadian Forces Dental Services; (vi) one member for each additional 500 active and licensed life members or majority thereof in each province, exclusive of members who are officers in the Canadian Forces Dental Services; (vii) one member representative of the Student members; (viii) one member for each 500 active and licensed life members or part thereof of the members who are officers in the Canadian Forces Dental Services; (ix) one member representative of Affiliate members from a province wherein the Affiliate membership in that province is greater than 250 members, and where in the opinion of the Executive Council of the CDA, the appointment of an affiliate governor from that province is in the national interest of the profession. Every member of the Board other than a Student Member or an Affiliate member appointed in accordance with (ix) of this section shall while holding office be and remain an Active member of the Association.
- (b) In addition, there shall be two non-voting members, namely, the senior dental representative of the Department of Health Canada and the Department of Veterans Affairs.
- (c) The Chairman of the Board of Governors and the appointed officials of the Association shall be ex-officio members without the power to vote.

Section 2 - Elections or Appointments

- (a) Each Corporate member shall elect or appoint its representative or representatives to the Board of Governors in such manner as the Corporate member may decide.
- (b) In like manner the Council on Student Affairs shall select its representative member on the Board of Governors.

COUNCIL ON EDUCATION

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

- Members:** Dr. Gordon Thompson, Chairman, Edmonton
Dr. Donald Bonang, Halifax
Dr. David Donaldson, Vancouver
Dr. Joel Epstein, Vancouver
Dr. Helen Lyttle, Winnipeg
Dr. James Main, Toronto
Dr. David Scott, Edmonton
Ms. Susanne Sunell, Vancouver
Ms. Maureen Symmes, Edmonton
Dr. Richard Taché, Montréal
Ms. Donna Wells, Toronto
- Executive Liaison:** Dr. Bernie E. White, Saskatoon
- Observers:** Dr. Ernesto Acuña E., Director, International Relations, Mexican Dental Association, Mexico City
Mrs. Danuta Askew, Coordinator, CDA Dental Admissions Committee, Ottawa
Dr. Marcia Boyd, Dean, Faculty of Dentistry, The University of British Columbia, Vancouver
Dr. Ralph Brooke, Chairman, Commission on Dental Accreditation of Canada, London
Mrs. Ann Cant, Canadian Dental Assistants' Association, Halifax
Dr. Eugenio Deister, Executive Director, Mexican Dental Association, Mexico City
Dr. Henry Dick, Acting Dean, Faculty of Dentistry, University of Alberta, Edmonton
L. Col. Gilbert Grenier, Canadian Forces Dental Service School, Ottawa
Mrs. Lorraine Emmerson, Executive Secretary/Treasurer, Association of Canadian Faculties of Dentistry, Ottawa
Dr. Jack Gerrow, Executive Director, The National Dental Examining Board of Canada, Ottawa
Mrs. Carol Matheson-Worobey, Executive Director, Canadian Dental Hygienists' Association, Ottawa
Dr. John McComb, President, Royal College of Dentists of Canada, Toronto
Dr. Clifford Miller, Associate Director, Education, American Dental Association, Chicago
Dr. Alan Mills, Chairman, CDA Dental Admissions Committee, London
Mr. Navid Sarooshi, Member, CDA Junior Committee on Student Affairs, Oakville
Mr. Jim Wegg, Manager, Dentistry Canada Fund, Ottawa

Staff: Mr. Brian Henderson, Director, Professional Services/Education and Accreditation
Ms. Susan Matheson, Associate Director, Education and Accreditation
Ms. Gay MacQuarrie, Coordinator, Education and Accreditation

1. **Council Meeting**

The Council on Education has met once since its interim report to the Board of Governors. The meeting was held on June 6, 1994 in Ottawa.

ITEMS REQUIRING BOARD ACTION

2. **Taskforce on Dental Education**

In response to the threat of closure of faculties across Canada in recent years, the Council discussed the need for a task force to study differing models of dental education and to document why and how dentistry is central to a university.

Discussion suggested that, in the future, dental education may have to be done with less government funding, with some separation of didactic and clinical portions of dental education. It was also suggested that there is a need to promote discussion on how dentistry relates to the broader health care system in Canada.

RESOLVED:

94.88 THAT the Canadian Dental Association work with the Association of Canadian Faculties of Dentistry to form a task force to review needs and new directions for dental education in Canada.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**3. Mexican Dental Association**

Council was pleased to host the first visitors from the Mexican Dental Association to the Canadian Dental Association, Dr. Eugenio Deister, Executive Director of the Association and Dr. Ernesto Acuña E., Director, International Relations. As a result of discussions between the Canadian, American and Mexican Dental Associations in 1993 with regard to the Free Trade Agreement, the CDA extended an invitation to the Mexican Dental Association to participate in the activities of the Council on Education and Commission on Dental Accreditation of Canada.

4. Family Violence

Further to Resolution 93.66, the Chairman, on behalf of Council, forwarded a letter on December 2, 1993 to accredited dental education programs in Canada, accredited health facility dental services in Canada, and the Program Development Committee of the Association of Canadian Faculties of Dentistry, outlining CDA's commitment to increasing the awareness level of graduate dentists, dental hygienists and dental assistants with regard to issues relating to family violence.

5. 1992 Teaching Conference

The proceedings of the 36th Teaching Conference on Paediatric Dentistry are available from the CDA Resource Centre upon request.

6. 1993 Teaching Conference

The proceedings of the 37th Teaching Conference on Hospital Dentistry are available from the CDA Resource Centre upon request.

7. 1994 Teaching Conference

Council approved the topic of the 38th Teaching Conference to be held in Vancouver. Dr. David Donaldson will chair the conference on Clinic Administration. Council will proceed with an application to the Dentistry Canada Fund for conference funding.

8. **1995 Teaching Conference**

Council approved the topic of the 39th Teaching Conference to be held in Montreal. Drs. Arto Demirjian and Pierre Duquette will co-chair the conference on Educational Technology in Dentistry. Council will proceed with an application to the Dentistry Canada Fund for conference funding.

9. **Other Organizations' Reports**

Council reviewed informational reports received from the following national organizations:

Association of Canadian Faculties of Dentistry
Canadian Dental Assistants' Association
Canadian Dental Hygienists' Association
Dentistry Canada Fund
Federation of Registrars of Dental Licensing Authorities of Canada
National Dental Examining Board of Canada, The
Royal College of Dentists of Canada
CDA Student Affairs.

10. **Continuing Education Committee**

Council reaffirmed its support of the activities of the Continuing Education Committee and the Committee will resume its activity after a two year hiatus.

11. **Dental Admissions Committee**

Committee discussed the phenomenon that, while places available in Canadian faculties of dentistry have been decreasing, the number of Canadian applicants to American schools has been increasing. The Director of Education and Accreditation will circulate the statistical reports on dental admissions provided in the Committee report to licensing authorities, provincial dental associations, and dental schools. Council confirmed its continuing support for the analysis of the dental admissions interview validation study.

12. **Committee Membership**

Council welcomes Dr. Blaine Cleghorn, Faculty of Dentistry, University of Manitoba, as the newest member of the Dental Admissions Committee. Dr. Hélène Lemay was welcomed back for a second, three year term on the Dental Admissions Committee and Ms. Jane Wong was welcomed back for a second, three year term on the Continuing Education Committee.

The Director, Education and Accreditation, will be developing draft guidelines for the qualifications desired for the lay representative to Council and the desired process for gathering names of nominees for review at the next meeting of Council.

13. **Research Fellowships Award Program**

Council was informed of the generous award program of Procter & Gamble to provide two \$5,000 research grants each year to undergraduate students at Canadian Faculties of Dentistry undertaking research projects. Council passed the following motion:

That the CDA/Crest/Procter & Gamble Research Fellowships Award Program be administered by the Dentistry Canada Fund and

That the Dentistry Canada Fund review the distribution of grants to undergraduate, graduate/postgraduate and dental internship researchers and ensure resources are available to all areas.

Council will be sending a letter of thanks to Dr. Derek Jones for his work in developing the initial proposal to Procter & Gamble for the program.

14. **Certification of Specialty Faculty**

Further to his presentation to the Commission on Dental Accreditation of Canada in November 1993, the President of the Royal College of Dentists of Canada, Dr. John McComb, requested that Council consider a change to the requirements for dental specialty education in Canada. The change suggested was that, as distinct from "should be board certified", the requirements read that "a program head *must* be board certified". Council agrees with the suggestion and passed the following motion:

That the Commission on Dental Accreditation of Canada revise the wording of the requirements for accreditation of a specialty program to state that "the specialty course director *must* have fellowship in the Royal College of Dentists of Canada" in that specialty or be appropriately specialty board certified in the United States and

That the requirement be made effective for those appointments taking effect after January 1st, 1996.

This recommendation will be conveyed to the Commission on Dental Accreditation of Canada.

15. **Dental Internships**

Council reviewed an October 1993 Ontario Government report entitled "Review of the Dental Internship Program" by government consultant, Dr. Sue Corlett (Toronto) as well as information on the dental internship program in England and Wales.

Partly in response to the Ontario Government's decision to discontinue funding for dental internships and to increase the profile of the Association and support its mission of focussing unity for the profession and promoting professional education, Council reviewed a Proposal for a National *Certificate of Recognition* Program for Dental Internships (May 3, 1994) developed by staff. The proposal was approved in principle and will be referred to the Documentation Committee of the Commission on Dental Accreditation of Canada for editing before being given final approval by Council.

16. **Certification - Dentistry**

Council was updated on the results of the newly reinstituted national certification examination and Objective Simulated Clinical Examination (OSCE) examination administered by the National Dental Examining Board of Canada.

17. **Competency Profile - Dentistry**

Council was provided with a draft competency profile for dentistry which was developed as a result of an October 1993 meeting of the National Dental Examining Board of Canada, the Association of Canadian Faculties of Dentistry, and the CDA.

18. **Curriculum Database Consortium**

Council is concerned that the Curriculum Database Consortium project has not yet come to fruition and noted that the Canadian faculties of dentistry have begun to pursue their own development of a curriculum database. There will be a meeting of the Curriculum Database Consortium in August 1994 in Buffalo, New York.

19. **Student Profile Card**

An initiative of the California Dental Association to ask senior dental students to complete a Student Profile Card in order to assist the association with recruitment and retention of recent graduates, was referred to CDA Student Affairs.

20. **Appreciation**

Council expressed its appreciation and thanks to Dr. Gordon Thompson, Dr. Donald Bonang, and Ms. Maureen Symmes for their many years of service to the Council.

Respectfully submitted,

Gordon Thompson, Chairman
Council on Education

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Education.

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. G. F. Copithorne, British Columbia
Dr. J. M. Dillon, Manitoba
Dr. W. A. Glave, Ontario
Dr. T. Gushue, CDA
Dr. W. Leggett, Ontario
Dr. R. J. Markey, CDA
Dr. R. L. Rasmussen, Alberta
Dr. G. S. Zwicker, Nova Scotia

Management Committee: Dr. R. L. Moran, President
Dr. J. N. Wright, Secretary
Dr. G. Dubé, Treasurer

Observers: Dr. D. W. Allen, Prince Edward Island
Dr. B. Knoblauch, Saskatchewan
Dr. E. Schroeter, New Brunswick
Dr. R. Sexton, Newfoundland

Executive Vice-President: Mr. Kingsley D. Butler, C.A.

1. Council Meetings

The Board of Directors of CDSPI met as the Council on Insurance and Investment of the CDA on April 15-16, 1994 in Toronto. The Council is scheduled to meet next on Friday, September 30th, 1994 in Vancouver.

ITEMS REQUIRING BOARD ACTION

2. CDIP General Insurance Renewal

CDSPI was presented with considerable information regarding the current experience for the CDIP general insurance plans. These plans encompass Office Overhead, Practice Interruption, Comprehensive General Liability, TripleGuard, Data Processing Insurance, Malpractice Insurance and Personal Umbrella Liability Plan (PULP). The general insurance climate is very different in the marketplace this year than it has been in the past with markets now being very tight.

Because of the increased negative experience of the general plans, rate increases are necessary for the 1995 renewal. CDSPI is concerned about the size of the increases but has investigated the details extensively and concur with the broker's negotiated increases for 1995. CDSPI management will also be looking at other markets as a measuring standard to CDIP rates for competitiveness.

RESOLVED:

- 94.89 THAT the CDIP Office Contents plan premium be increased by an amount not to exceed 17% effective January 1, 1995.**

ADOPTED

RESOLVED:

- 94.90 THAT the CDIP Practice Interruption Plan premium be increased by an amount not to exceed 20% effective January 1, 1995.**

ADOPTED

RESOLVED:

- 94.91 THAT the CDIP TripleGuard premium be increased by an amount not to exceed 10% effective January 1, 1995 and have a guarantee rate cap of 10% for 1996.**

ADOPTED

RESOLVED:

- 94.92 THAT the CDIP Malpractice premium be increased by an amount not to exceed 25% at the \$2,000,000 level, 22% to 23% at the higher levels effective January 1, 1995 and have a guaranteed rate cap of 15% for 1996.**

ADOPTED

RESOLVED:

- 94.93 **THAT the automatic inflation factor to be applied on a non-compulsory basis to all Office Contents, Practice Interruption, and TripleGuard coverages be 2% effective January 1, 1995.**

ADOPTED

RESOLVED:

- 94.94 **THAT the program for insurance coverage for graduates of 50% discount if enrolled within 3 months of graduation be accepted for 1995 and be taken into consideration when developing the new grad/student program.**

ADOPTED

RESOLVED:

- 94.95 **THAT the disappearing deductible on Office Contents/TripleGuard be increased to a level of \$5,000 per claim effective January 1, 1995.**

ADOPTED

RESOLVED:

- 94.96 **THAT the CDIP Data Processing Plan be incorporated into the TripleGuard coverage at no charge, but for those wishing to have this coverage and not participate in TripleGuard the Data Processing plan the minimum premium be \$100 gross effective January 1, 1995.**

ADOPTED

3. CDA RSP Fee Increase

CDSPI discussed the fees currently being paid by the funds to CDSPI for administrative duties. The last time a fee increase was made for the administration of the CDA RSP was in 1987. Since that time, CDSPI has added the cost of fund monitoring (approximately \$20,000 per year) and in 1993-94 the cost of a new Fund Manager search (approximately \$22,000). The departmental staff has also increased since 1987 in order to keep up to the demand of a growing product. This department area has also researched and implemented the RIF product during 1993. All these costs have been incurred by CDSPI with no revenue compensation and specifically with no fee increases. During a time of declining interest rates, combined with added costs, the revenue flow for this administration has been suffering.

Currently, funds are marketed on the basis of having an overall fee of 1% or less. CDSPI Management and Board are convinced that we must continue to provide this maximum fee level in order to provide an unchallenged edge from the competition. Currently, we are not aware of any other RSP funds that have this low a fee. Combined with no other transaction fees, the plan with good performance will continue to be a first class product for the profession.

Attached to this report as **APPENDIX I** is an outline of the new management fees after bringing on board the new Fund Managers in March 1994. Attached as **APPENDIX II** is the realignment of the fees assuming a 0.04% increase for the Common Stock and Bond & Mortgage fund. By increasing the fees only in those areas, the overall fund fees still remains at 1% or less. This appendix illustrates that this fee increase will generate approximately \$39,400 additional revenue per annum for CDSPI.

APPENDIX I
APPENDIX II

RESOLVED:

94.97 **THAT effective immediately, the CDSPI administration fee for the CDA RSP be increased by 0.04% on the Common Stock and Bond & Mortgage fund.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. Renewal of other CDIP Plans

The CDIP AD&D program with American Home is a three year contract which commenced January 1, 1994. There are no new recommendations for this plan at this time.

The CDIP Life and Disability plans with Prudential, require the approval of 1995 rates. At the time of the preparation of this report, renewal rates had not been made available by the insurer. As in the past three years, these are usually available in July or August of the year prior to the January 1 renewal date. Once these rates are available, they will be forwarded in the form of a recommendation for CDA Executive Council in the fall. At this time, we are not proposing any recommendations for coverage changes for January 1, 1995.

5. **1993 CDIP National Statistics & Plan Experience**

At the time of the writing of this report, each provincial co-sponsor should have received their own provincial statistics and financial experience for CDIP for the year end of December 31, 1993. The CDA has also received their national experience figures.

Attached to this report as **APPENDIX III** is a summary statement of the Life and Disability Trust Funds for the information of the Executive Council and the CDA Board of Governors.

APPENDIX III

6. **Uses of CDIP Life Surplus**

At the time of the writing of this report, it is not possible for the Council on Insurance and Investment to make a recommendation on the uses of CDIP Life Surplus.

This was discussed at the CDSPI Board of Directors' meeting in April, but it was necessary to defer any recommendations at that time until certain actions had taken place. The reason for this position was as follows:

- At the time of the CDSPI Board meeting, the interest adjustment relating to the loan from the Life balance to the LTD as outlined in the appeal decision had to be calculated and applied. This has been done, and adjusts the balances of 1994 surplus accordingly.
- At the time of the writing of this report the original QDSA action had small outstanding items as a result of the Court of Appeal decision which are still outstanding and surplus funds cannot be addressed until such time as all of these outstanding matters are resolved.
- We wish to discuss with our insurer, our consultant and our Marketing department the appropriate uses for surplus, keeping in mind our plan stability, and marketing impact. These will be dealt with during the summer months and recommendations made to the CDSPI Board of Directors' meeting in September. Following that meeting, recommendations will be brought forward to the CDA Executive Council for consideration.

7. **Change of Year End for the Life and Disability Plans**

As you may be aware, the Life and Disability Trusts have been paying income tax on any interest earned by the Trusts. CDSPI staff have researched this area, and have determined that if the interest income was distributed prior to the Trust year end of December 31st, there would be no tax payable, and therefore the Trust funds would not have to use any funds for the payment of income taxes.

We discussed this with the insurer (Prudential) as well as taxation lawyers. It was agreed at the CDSPI Board of Directors' meeting in April, that the change of the plan year to facilitate this cost saving would be appropriate.

Under separate letter sent to CDA in May, the Management Committee of CDA have been asked to approve this recommendation in order that this can take effect in 1994. It is proposed that the plan year ends would change to June 30th.

8. **CDA RSP Fund Performance Monitoring**

The CDSPI Board has approved the hiring of a new consulting firm to monitor the fund manager performance in relation to the CDA RSP and RIF. Considerable time and expense has gone into selecting new funds managers and the continuation of detailed monitoring of their performance is an important part of CDSPI's function as administrator for the programs.

For the 1994 plan year, performance monitoring reports will be presented to the CDSPI Management Committee and Board of Directors on a quarterly basis, with an annual presentation being given by the monitoring consultant to the Board of Directors. This continued monitoring by CDSPI will enable us to maintain close watch on the fund managers and question any adverse performance.

9. **Home & Auto Insurance**

CDSPI has been reviewing the area of Home and Auto Insurance for the past 18 - 20 months. As a result of this detailed study, a report was presented to the CDSPI Board at the April Board meeting. The results of this study showed that a group Home and Auto plan should not be added to CDIP. Because of the various provincial regulations regarding automobile insurance, having such a program would prove very difficult and probably not be cost competitive. Having a Home Owners program on its own would not be a viable option to explore as most local brokers and agents take Home and Auto as a package.

We feel that the co-sponsors should be aware that this area had been explored and rejected.

10. **Travel Insurance**

In the fall of 1993, an insurance consultant made a proposal to CDA regarding Travel Insurance. The CDA forwarded this proposal to CDSPI and as CDA's Council on Insurance and Investment, this area was investigated.

A very well positioned and priced program was presented to the CDSPI Board at the April Board meeting. Because of the fact that a number of coverages in this program are also provided through various provincial extended health care programs, the Board directed that we do a plan comparison of the proposed new program to coverage that may already be available in other markets. This will be done during the summer of 1994 and if it is still felt that this product is competitively priced and has coverage advantages, it will be presented again to the CDSPI Board in September. If the Board approves this plan, we will be bringing it to CDA Management for approval so that we can implement this as an addition to CDIP in 1995.

11. **CDIP Grad/Student Program**

At the time of the writing of this report, CDSPI's Marketing department is doing a complete review of the current grad and student program being offered through CDIP.

We are certainly aware of the problems, concerns and importance of these young lives coming into CDIP. We are also aware of the lack of interest by grads and students for "organized dentistry" and its programs in other areas.

The CDSPI Board in September will be receiving a new grad and student program proposal for consideration. If approved, it will be forwarded to CDA in the fall for implementation for the 1995 graduation year.

12. **Focus Groups/Membership Survey**

At a time when service organizations must listen to their customers, there could be no better time to have focus groups and a national participant survey in order to know what the profession wants from their Council on Insurance and Investment and their Insurance and Investment programs.

At the time of the writing of this report, CDSPI is concluding its work with a major polling company, who will be conducting these focus groups across Canada as well as handling the national survey of participants. These information gathering vehicles will provide CDSPI with a very strong information database for the future enhancement of the Insurance and Investment programs, the providing of future products and the upgrading of many service areas. Dentists will have an opportunity to voice an opinion to their company on their products.

The results of the focus groups and the survey will be presented to the CDSPI Board meeting in September.

As this is the last report that I will present as Chairman of the Council on Insurance and Investment and President of CDSPI, I wish to thank the CDA, its management team, Executive Council and Board of Governors for the work that we have accomplished over the past 17 years and the challenges and victories we have experienced.

Respectfully submitted,

Roderick L. Moran, D.D.S., F.R.C.D.(C)
Chairman, Council on Insurance and Investment
President, CDSPI

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Insurance and Investment.

NEW MANAGEMENT FEES

ASSUMING NO INCREASE IN CDSPI FEES

APPENDIX I

COMMON STOCK FUND (%)

<u>\$ million</u>	<u>IMPERIAL</u>	<u>ALTAMIRA</u>	<u>CDSPI</u>	<u>TOTAL</u>
0 - 15	0.15	0.25	0.55	0.95
15 - 30	0.13	0.25	0.55	0.93
30 - 50	0.10	0.25	0.55	0.90
50 & up	0.08	0.25	0.55	0.88

BALANCED FUND (%)

<u>\$ million</u>	<u>IMPERIAL</u>	<u>KBS & H</u>	<u>CDSPI</u>	<u>TOTAL</u>
0 - 15	0.15	0.30	0.55	1.00
15 - 30	0.13	0.30	0.55	0.98
30 - 50	0.10	0.30	0.55	0.95
50 - 100	0.08	0.25	0.55	0.88
100 & UP	0.08	0.20	0.55	0.83

BOND & MORTGAGE FUND (%)

<u>\$ million</u>	<u>IMPERIAL</u>	<u>CANAGEX</u>	<u>CDSPI</u>	<u>TOTAL</u>
0 - 15	0.15	0.25	0.55	0.95
15 - 30	0.13	0.20	0.55	0.88
30 - 50	0.10	0.15	0.55	0.80
50 & up	0.08	0.12	0.55	0.75

AGGRESSIVE FUND (%)

<u>\$ million</u>	<u>IMPERIAL</u>	<u>ALTAMIRA</u>	<u>CDSPI</u>	<u>TOTAL</u>
0 - 15	0.15	0.30	0.55	1.00
15 - 30	0.13	0.30	0.55	0.98
30 - 50	0.10	0.30	0.55	0.95
50 & up	0.08	0.30	0.55	0.93

MONEY MARKET FUND (%)

<u>\$ million</u>	<u>IMPERIAL</u>	<u>CANAGEX</u>	<u>CDSPI</u>	<u>TOTAL</u>
ALL		0.15	0.40	0.55

GIC FUNDS (%)

<u>\$ million</u>	<u>IMPERIAL /</u>	<u>CANAGEX</u>	<u>CDSPI</u>	<u>TOTAL</u>
ALL	SPREAD		0.38	N/A

<u>CURRENT FEES</u>	
<u>FOR</u>	<u>CDSPI</u>
COMMON STOCK:	\$253,969
BALANCED FUND:	\$112,335
BOND & MORTGAGE:	\$288,102
AGGRESSIVE FUND:	\$5,500
MONEY MARKET:	\$112,268
TOTAL SEG FUNDS:	\$772,174
TOTAL GIC FUNDS:	\$125,012
GRAND TOTAL:	\$897,186

**NEW MANAGEMENT FEES ASSUMING 0.04% INCREASE IN
CDSPI FEES FOR COMMON STOCK AND
BOND & MORTGAGE FUND**

APPENDIX II

COMMON STOCK FUND (%)

<u>\$ million</u>	<u>IMPERIAL</u>	<u>ALTAMIRA</u>	<u>CDSPI</u>	<u>TOTAL</u>
0 - 15	0.15	0.25	0.59	0.99
15 - 30	0.13	0.25	0.59	0.97
30 - 50	0.10	0.25	0.59	0.94
50 & up	0.08	0.25	0.59	0.92

BALANCED FUND (%)

<u>\$ million</u>	<u>IMPERIAL</u>	<u>KBS & H</u>	<u>CDSPI</u>	<u>TOTAL</u>
0 - 15	0.15	0.30	0.55	1.00
15 - 30	0.13	0.30	0.55	0.98
30 - 50	0.10	0.30	0.55	0.95
50 - 100	0.08	0.25	0.55	0.88
100 & UP	0.08	0.20	0.55	0.83

BOND & MORTGAGE FUND (%)

<u>\$ million</u>	<u>IMPERIAL</u>	<u>CANAGEX</u>	<u>CDSPI</u>	<u>TOTAL</u>
0 - 15	0.15	0.25	0.59	0.99
15 - 30	0.13	0.20	0.59	0.92
30 - 50	0.10	0.15	0.59	0.84
50 & up	0.08	0.12	0.59	0.79

AGGRESSIVE FUND (%)

<u>\$ million</u>	<u>IMPERIAL</u>	<u>ALTAMIRA</u>	<u>CDSPI</u>	<u>TOTAL</u>
0 - 15	0.15	0.30	0.55	1.00
15 - 30	0.13	0.30	0.55	0.98
30 - 50	0.10	0.30	0.55	0.95
50 & up	0.08	0.30	0.55	0.93

MONEY MARKET FUND (%)

<u>\$ million</u>	<u>IMPERIAL</u>	<u>CANAGEX</u>	<u>CDSPI</u>	<u>TOTAL</u>
ALL	0.15	0.40	0.55	

GIC FUNDS (%)

<u>\$ million</u>	<u>IMPERIAL</u>	<u>CANAGEX</u>	<u>CDSPI</u>	<u>TOTAL</u>
ALL	SPREAD		0.38	N/A

<u>ADDITIONAL FEES FOR CDSP</u>	
COMMON STOCK:	\$18,470
BALANCED FUND:	\$0
BOND & MORTGAGE:	\$20,953
AGGRESSIVE FUND:	\$0
MONEY MARKET:	\$0
TOTAL SEG FUNDS:	\$39,423
TOTAL GIC FUNDS:	\$0
GRAND TOTAL:	\$39,423

CDIP Life & Disability Trust
Audited Financial Statements
December 31, 1993

	<u>Life Trust</u>	<u>Disability Trust</u>
Balance January 1, 1993 (1)	1,986,012	126,699
<u>Plus</u>		
Interest Income (2)	66,576	3,056
Tax Refunds (3)	20,701	
Repayment of Loan to LTD (4)	970,338	
Final Transfer from Met (5)	537	
Final Surplus Transfer from Imperial (6)	210,145	
1993 Experience Surplus (7)	1,010,676	1,053,537
<u>Less</u>		
Trust Tax Paid (8)	32,000	
Legal/Professional Fees (9)	<u>642</u>	<u>535</u>
Balance December 31, 1993 (10)	<u>\$4,232,343</u>	<u>\$1,182,757</u>

NOTES TO CDIP LIFE AND DISABILITY TRUST FUND STATEMENT

January 1, 1993 to December 31, 1993

1. The opening balances at January 1, 1993 are the same as the closing balances at December 31, 1992.
2. The interest income is the amount earned by the funds during the year at negotiated contract rates. This is the balance that attracts tax which must be paid by the Trust if there is a balance remaining at the end of the Trust year.
3. This is a refund of tax from Revenue Canada based on the 1992 tax instalments being in excess of the actual tax payable.
4. This is the total of the amount repaid from the Disability Plan for the loan from the life plan. It is made up of \$650,000 from the Disability Plan which is a direct result of the negotiations resolving the outstanding issues with Imperial Life. The balance of \$320,338 represents the balance of the loan which was paid from the special assessment on the LTD premiums.
5. This is the final "clean-up" balance paid from Metropolitan Life after all outstanding items were concluded after the transfer of the plans to Prudential.
6. As a result of the negotiations with Imperial Life, this amount represents the final surplus transfer from the plan experience that remained at Imperial. This book of business is now closed.
7. These two amounts represent the positive experience (operations) of the plans for the twelve months ended December 31, 1993. Both plans had positive experience. This amount is transferred to surplus after all claims and retention charges are paid and reserve funds satisfied.
8. This is the payment of tax that is required by the Trusts for the projected 1993 taxes owed based on the 1992 tax paid. It is paid in quarterly instalments.
9. These are the funds for legal and accounting fees to prepare and file the annual tax returns.
10. These are the balances of the Trusts at December 31, 1993 and will be the opening balances of the Trusts for January 1, 1994.

Note: Figures audited and verified by Towers Perrin. Fees paid for this audit are funded by CDSPI as part of the administration responsibilities.

COMMISSION ON DENTAL ACCREDITATION OF CANADA

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

- Members:**
- Dr. Ralph Brooke, Chairman, London
 - Dr. Kenneth Bentley, Montreal
 - Dr. Henry Dick, Edmonton
 - Prof. Margery Forgay, Winnipeg
 - Dr. Michael Lasko, Winnipeg
 - Dr. Brian Leroy, Edmonton
 - Dr. Guy Maranda, Ste-Foy
 - Dr. David Murphy, Dartmouth
 - Mrs. Marlane Paquin, Vancouver
 - Dr. Kevin Roach, Pembroke
 - Dr. Denis Robert, Sainte-Foy
 - Ms. Susanne Sunell, Vancouver
 - Dr. Ian Vogan, Halifax
 - Dr. Philip Watson, Don Mills
 - Ms. Donna Wells, North York
- Observers:**
- Dr. Gordon Thompson, Chairman, Canadian Dental Association, Council on Education, Edmonton
 - M^{me} France MacKenzie, Corporation professionnelle des hygiénistes dentaires du Québec, Montréal
 - Ms. Brenda Walker, Registrar, Alberta Dental Hygiene Association, Edmonton
 - Dr. Neal Bellanti, American Dental Association, Commission on Dental Accreditation, Chicago
- Staff:**
- Mr. Brian Henderson, Director
 - Ms. Susan Matheson, Associate Director
 - Ms. Gay MacQuarrie, Coordinator
 - Ms. Fatna Moussali, Secretary

1. Commission Meetings

Since the 1993 Annual Meeting of the CDA Board of Governors, the Commission on Dental Accreditation of Canada met once on November 15, 1993 in Ottawa.

ITEMS REQUIRING BOARD ACTION**2. Commission Terms of Reference****RESOLVED:**

APPENDIX I

94.98 THAT the revised Terms of Reference for the Commission on Dental Accreditation of Canada be approved as appended.

ADOPTED

The Board of Governors agrees, and refers the recommendation to the Council on Constitution and By-Laws to prepare the necessary by-law amendments.

3. Recognition of Dental Internship/Residency Education Programs

Discussion of recognition of dental internship/residency education programs stemmed from a government consultant's recent review of dental internships in the Province of Ontario and her comments that dental internships are not identifiable as they are in medicine. To the consultant it was initially unclear as to the definition of a dental internship and the part it plays in dental education. There was also discussion that licensing bodies consider internships when assessing continuing education credits (it was noted that some provinces already do this).

RESOLVED:

94.99 THAT the Canadian Dental Association recognize those individuals having successfully completed a hospital dental internship or residency training program accredited by the Commission on Dental Accreditation of Canada by issuing a certificate of completion;

and

THAT a request be made to provincial licensing bodies to identify these individuals in their statistical information databases.

ADOPTED

The Board of Governors agrees, with the understanding that the Council on Education will review this matter.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**4. Specialty Certification of Education Program Heads**

The President of the Royal College of Dentists of Canada (RCDC), Dr. John McComb, addressed the Commission requesting that the national requirements for faculty teaching of a specialty program be changed. Currently the national requirement states:

"The director of the [specialty] program must possess advanced education in [specialty] and should qualify for membership or fellowship in the Royal College of Dentists of Canada."

The RCDC is requesting that the requirement be changed to read ". . . *must* qualify for membership or fellowship in the Royal College of Dentists of Canada". The Commission has asked the Canadian Dental Association's Council on Education to consider this question and to advise the Commission on whether such a change should be introduced.

5. Accreditation Requirements/Standards

The accreditation requirements were last reviewed by the Commission in 1991. Since that time, the Commission has again reviewed all the requirements, listed below, for the purposes of reciprocity with the American Dental Association:

- i. DDS/DMD
- ii. Endodontics
- iii. Dental Assisting
- iv. Dental Hygiene
- v. Dental Hygiene: Ontario Ladder
- vi. Dental Public Health
- vii. Health Facility Dental Service [Standards]
- viii. Hospital Dental Internship or Residency
- ix. Oral and Maxillofacial Surgery
- x. Oral Pathology
- xi. Oral Radiology
- xii. Orthodontics
- xiii. Pediatric Dentistry
- xiv. Periodontology
- xv. Prosthodontics.

The Commission reviewed the requirements/standards with regard to:

- program length
- bloodborne infectious diseases (Commission Resolution 92.22)
- infection control
- ethics and jurisprudence (Recommendation nos. 2 and 4 of the 1989 Report of the CFDE/CDA Teaching Conference on Ethics in Canadian Dentistry and Dental Education)
- admissions
- immunization and
- contemporary social issues (Family Violence Initiative, Health and Welfare Canada, 1993).

6. **Clinical Outcomes Review and Evaluation - Dentistry**

All faculties have now experienced the Clinical Outcomes Review and Evaluation, feedback program as part of the process of on-site evaluation of education programs. Reaction to the introduction of this program has been generally positive. One concern brought to the attention of the Commission, was that, for small graduating classes, the number of individuals (6) for case presentations and diagnosis and treatment planning, was too high. Therefore, for smaller schools, the number of individuals selected for i) case presentations, and ii) diagnosis and treatment planning will be reduced as follows:

Graduating Class ----- Size by No. of Students	CORE Sample Group ----- Size by No. of Individuals
20 to 25	4
26 to 30	5
over 31	6

7. 1993 Surveys

The Commission in 1993 accredited one undergraduate program, three specialty programs, ten dental hygiene education programs, two dental assisting education programs, two dental internship/residency education programs, and three health facility dental services across Canada. The following programs were accredited:

Dental Education Programs

The University of Manitoba

Doctor of Dental Medicine

Postgraduate Oral and Maxillofacial Surgery

Postgraduate Orthodontics

University of Toronto

Postgraduate Orthodontics

Allied Dental Education Programs - Dental Hygiene

Camosun College (new program)

Canadian Forces Dental Services School, Borden

CÉGEP Edouard-Montpetit

CÉGEP François-Xavier-Garneau

CÉGEP Maisonneuve

CÉGEP de l'Outaouais

George Brown College of Applied Arts and Technology

Seneca College of Applied Arts and Technology

University of Manitoba, The

Vancouver Community College

Allied Dental Education Programs - Dental Assisting

Camosun College

Vancouver Community College

Dental Internship or Residency Education Programs

Royal University Hospital, Saskatoon

University of Alberta Hospitals

Health Facility Dental Services

Royal University Hospital, Saskatoon

University of Alberta Hospitals

Victoria General Hospital, Halifax

Progress Reports

The Commission reviewed progress reports from one undergraduate dental education program, three specialty dental education programs, four dental hygiene programs, two dental assisting programs, and four dental internship/residency education programs.

Based on the acceptance of a reciprocal agreement with the Ordre des Dentistes du Québec (ODQ) (see "Reciprocal Agreement Ordre des Dentistes du Québec" following) and, because some Quebec dental services were already dealing with ODQ for the service and Commission for the internship, the Commission agreed that, for the following Quebec hospital dental services that provided a progress report in 1993, the Commission would recognize the accreditation status of the dental service awarded by the Ordre des dentistes du Québec: Hôpital l'Enfant-Jésus, Québec; Montreal General Hospital; St. Mary's Hospital, Montreal; and Centre Hospitalier Ste-Justine, Montreal.

8. 1994 Survey Schedule

For 1994, the Commission is expected to complete a total of 22 accreditation surveys of the following:

Dalhousie University (DDS and Oral and Maxillofacial Surgery)

Laval University (Oral and Maxillofacial Surgery)

University of Montreal (Pediatric Dentistry)

five dental assisting education programs

five dental hygiene education programs

four health facility dental services, and

three dental internship/residency education programs.

9. New Applications for Accreditation

The following programs were granted Accreditation Eligible status based upon a documentation review by Commission:

Ontario Cancer Institute/Princess Margaret Hospital, Dental Service

University of Toronto, Endodontics

The first application from a for-profit education program was received by the Commission. The Commission agreed that an on-site survey of the for-profit dental assistant education program at Columbia Institute in Calgary will be conducted in 1994.

10. **Accreditation Fees - For-Profit Education Program**

With the survey of the first for-profit education program taking place in 1994 (see "New Applications for Accreditation" above), the Commission resolved that the fees for accreditation surveys of private, for-profit programs be implemented on a total cost-recovery basis including an overhead component as well as actual costs of the on-site survey team.

11. **Accreditation Period - For-Profit Education Program**

Again, with the survey of the first for-profit education program taking place in 1994 (see "New Applications for Accreditation" above), the Commission resolved that the term of approval for a private, for-profit, education program be four years, with a new program receiving an initial term of two years; and that the program be required to submit annual updates to the Commission.

12. **Reciprocal Agreement with the *Ordre des dentistes du Québec* (ODO)**

APPENDIX II

The Commission has traditionally enjoyed a cordial relationship with the *Ordre des dentistes du Québec* (ODO). However, with the current arrangement, there has been the possibility of the Commission taking one point of view on the accreditation status of a dental service in Quebec and the ODO taking another. With the reciprocal agreement, the Commission would accept the ODO's decision on the dental services of major teaching hospitals. As well, with the agreement, the Commission and ODO would continue to liaise to coordinate the timing of joint accreditation surveys of the internships and dental services respectively. The Commission accepted the "Proposal for a Reciprocal Agreement Between the *Ordre des dentistes du Québec* and the Commission on Dental Accreditation of Canada".

13. **Canadian Council on Health Facilities Accreditation**

Joint Accreditation

The Commission noted that the Canadian Council on Health Facilities Accreditation (CCHFA) is moving toward a patient-centred model of accreditation beginning in 1995. The CCHFA has corresponded with the Commission stating that, in 1995, they will begin exploring the possibility of joint accreditations with other organizations. The Commission is of the view that our current accreditation standards are widely divergent from the patient-centred model of accreditation.

Patient-Centred Accreditation Model

APPENDIX III

The Commission also noted that the CCHFA's documentation for the patient-centred accreditation model does not include Dentistry although it includes almost all other hospital activity areas. The model is due to be used for all types of hospitals and, as such, should include Dentistry. A letter from the Commission has been sent to CCHFA indicating the omission.

14. Reciprocal Agreement with the Commission on Accreditation,
American Dental Association (ADA),
re: Dental Assistant Education Programs

APPENDIX IV

Canadian and American accreditation requirements for educational programs preparing dental assistants are comparable. The introduction of a formal reciprocal agreement will permit American boards to recognize graduates of Canadian dental assisting programs without the graduate having to obtain further education in the United States. The Commission accordingly adopted a policy that Level II dental assistant programs that are accredited by the American Dental Association's Commission on Dental Accreditation will be recognized by the Commission on Dental Accreditation of Canada. The ADA Commission is expected to approve a comparable policy.

15. Mexican Dental Association (MDA)

The following letters were provided to the Commissioners for information:

- letter of May 14, 1993 from J. Harris, President, American Dental Association (ADA), and B. Dolansky, President, Canadian Dental Association (CDA) to E. Acuña E., Asociacion Dental Mexicana (Mexican Dental Association - MDA); and
- letter of May 25, 1993 from R. Beaulieu (CDA) to H. McK. Cherrett (ADA).

The correspondence deals with ADA/CDA assistance to Mexico in moving toward ADA/CDA recognition of graduates of dental education programs in Mexico.

A letter has been sent from the Chairman of the Commission to the President of the Canadian Dental Association (CDA) noting that the Commission on Dental Accreditation of Canada must be appropriately involved in discussion on this topic.

The Commission will be inviting representatives of the Mexican Dental Association to attend a meeting of the Commission and observe on an accreditation survey.

16. **Degree Completion Programs for Dental Hygiene**

A request was received from the Dean of the Faculty of Dentistry at the University of British Columbia to consider accreditation of a two-year, degree completion program for dental hygiene (Bachelor of Dental Science). The Commission confirmed that it does not accredit this type of program and remains concerned exclusively with programs at the entry-to-practice level (i.e., with a clinical component).

17. **Dental Internships in Ontario**

The Commission discussed the Ontario Government's recent decision to withdraw all funding for the Province's 22 dental internship positions beginning in 1994. The Government had planned to withdraw the funding in 1993 but, due to the quick action of several professionals and the faculties, the withdrawal was postponed to 1994. The Province retained a consultant to review the internship program in Ontario and report on other possible sources of funding for dental internships. At the time of writing, the Government's comments on the report have not been released.

18. **Access to Professions and Trades, Ontario**

In response to the Stephen Lewis Report of June 1992 on Access to Professions and Trades, the Ontario Government launched a Demonstration Project Fund to address the systemic barriers which prevent many non-Ontario trained professionals and tradespersons from working in their respective fields. The Faculty of Dentistry at the University of Western Ontario has received funding for development of a testing instrument under a Demonstration Project Fund. The project will also involve the University of Toronto and Royal College of Dental Surgeons of Ontario.

19. **Recognition of Commissioners**

Certificates of appreciation for their contribution to the Commission were presented to the following individuals whose terms of membership ended with this meeting:

- Henry Dick, 1985 to 1993
- Kenneth C. Bentley, 1980, 1982 to 1985, 1989 to 1993
- Michael Lasko, 1989 to 1993
- Marlane Paquin, 1977 to 1993.

20. **Closing**

On behalf of the Commission, I wish to express thanks to Brian Henderson, Director of Education and Accreditation; Susan Matheson, Associate Director; Gay MacQuarrie, Coordinator; and Fatna Moussali for the excellent staff support provided the Commission, its committees and accreditation site surveys.

Respectfully submitted,

Ralph Brooke, B.Ch.D., L.D.S.,
Cert. Oral Pathology, MRCS, LRCP,
FDSRCS, FRCD, FICD
Chairman, Commission on Dental
Accreditation of Canada

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Commission on Dental Accreditation of Canada.

CURRENT
Terms of Reference
Commission on Dental Accreditation of Canada

The Commission on Dental Accreditation of Canada shall consist of fifteen members. In electing the membership of the Commission, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) One person appointed by the CDA in consultation with the Presidents of the Dental Specialty Sections.
- (11) A lay person appointed by the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall be elected from among the members of the commission in the following fashion: Any two members of commission may propose and second a nomination to be received directly by the Canadian Dental Association Committee on Nominations, Awards and Trusts. The Canadian Dental Association Committee on Nominations, Awards and Trusts will employ a secret ballot of the Commission on Dental Accreditation of Canada if more than one nomination is received. If the ballot does or does not result in a tie, the President of the Canadian Dental Association shall on the recommendation of Executive Council make the nomination and ratify the appointment.

The term of office for the Chairman of the Commission on Dental Accreditation of Canada shall be two (2) years, renewable once by election. Election to commission shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall sit as an observer to the Council on Education and the Chairman of the Council on Education shall sit as an observer to the Commission on Dental Accreditation of Canada.

The Chairman of the Commission shall act as a Representative of the Commission to the National Dental Examining Board of Canada.

A representative of the American Dental Association's Commission on Dental Accreditation shall sit as an observer to the Commission.

The Commission on Dental Accreditation of Canada shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this commission shall be subject to the approval of the Commission on Dental Accreditation of Canada and Canadian Dental Association Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation. Summaries of revenues and disbursements shall be provided annually to all constituencies represented on the Commission on Dental Accreditation of Canada.

It shall be the duty of the Commission on Dental Accreditation of Canada:

- i) To function as a partnership of organizations and expertise concerned with protecting and furthering the public interest through the accreditation process as applied to educational programs for dentists, dental specialists, allied dental personnel, dental residencies/internships and associated institutional dental services.
- ii) To ensure that the accreditation process promotes the preparation of competent dentists and allied dental personnel by:
 - a) defining acceptable national standards as a basis for accreditation;
 - b) establishing comprehensive accreditation requirements for the specific educational programs;
 - c) reviewing each educational program against the appropriate national standard, as set out in the accreditation requirements and identifying programs in compliance with standards;
 - d) cooperating with provincial licensing authorities, the National Dental Examining Board of Canada, and others, as appropriate, with respect to current and developing certification process;
 - e) cooperating with organizations representing allied dental personnel, Provincial Licensing Authorities and the National Dental Examining Board of Canada with respect to the development of certification requirements and processes for allied dental personnel.
- iii) To report annually to the Board of Governors of the Canadian Dental Association and all other constituencies.

The Commission on Dental Accreditation of Canada shall have the power to appoint committees and sub-committees as it shall deem expedient.

P R O P O S E D
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- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee
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- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
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The Chairman of the Commission on Dental Accreditation of Canada shall sit as an observer to the Council on Education and the Chairman of the Council on Education shall sit as an observer to the Commission on Dental Accreditation of Canada.

The Chairman of the Commission shall act as **one** Representative of the Commission to the National Dental Examining Board of Canada. **The second representative to the National Dental Examining Board of Canada shall be appointed annually by the Commission.**

The Registrar of the National Dental Examining Board of Canada and a representative of the American Dental Association's Commission on Dental Accreditation shall sit as an observer to the Commission.

The Commission on Dental Accreditation of Canada shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this commission shall be subject to the approval of the Commission on Dental Accreditation of Canada and Canadian Dental Association Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation. Summaries of revenues and disbursements shall be provided annually to all constituencies represented on the Commission on Dental Accreditation of Canada.

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 - a) defining acceptable national standards as a basis for accreditation;
 - b) establishing comprehensive accreditation requirements for the specific educational programs;
 - c) reviewing each educational program against the appropriate national standard, as set out in the accreditation requirements and identifying programs in compliance with standards;
 - d) cooperating with provincial licensing authorities, the National Dental Examining Board of Canada, and others, as appropriate, with respect to current and developing certification process;
 - e) cooperating with organizations representing allied dental personnel, Provincial Licensing Authorities and the National Dental Examining Board of Canada with respect to the development of certification requirements and processes for allied dental personnel.
- iii) To report annually to the Board of Governors of the Canadian Dental Association and all other constituencies.

The Commission on Dental Accreditation of Canada shall have the power to appoint committees and sub-committees as it shall deem expedient.

PROPOSAL FOR A RECIPROCAL AGREEMENT**BETWEEN THE****ORDRE DES DENTISTES DU QUÉBEC****AND THE****COMMISSION ON DENTAL ACCREDITATION****of Canada**

09.93

Preamble

For over ten years, the Canadian Dental Association (and since 1989, the Commission on Dental Accreditation of Canada) and the Ordre des dentistes du Québec have worked cooperatively to accredit hospital dental services in the Province of Québec. In 1992, the Commission extensively altered the requirements and process of accrediting hospital dental services in Canada. This necessitated related dialogue between the Commission on Dental Accreditation of Canada and the Ordre des dentistes du Québec. In May 1993, the Director of the Commission, Mr. Brian Henderson, and Dr. Don O'Meara, Director, Professional Services, of the Ordre des dentistes du Québec, met in Montréal. Following the meeting, the draft propo-

sal on a cooperative arrangement was further discussed with Dr. Guy Maranda of the Ordre des dentistes du Québec and Dr. Ralph Brooke, Chairman of the Commission. The discussion resulted in the following draft "Proposal for Reciprocal Agreement Between the Ordre des dentistes du Québec and the Commission on Dental Accreditation of Canada".

Schedule for Review

This proposal will be reviewed by the Commission's Health Facilities Committee 3. Recommendations of the Committee will be reviewed by the Commission at its annual meeting in November 1993. If approved by the Commission on Dental Accreditation and the Ordre des dentistes du Québec, the Reciprocal Agreement will expedite efficient and economical accreditation of dental services and dental internship or general practice residency programs of hospitals accredited by the Ordre des dentistes du Québec and the Commission on Dental Accreditation of Canada respectively.

DRAFT
RECIPROCAL AGREEMENT
BETWEEN THE
ORDRE DES DENTISTES DU QUÉBEC
AND THE
COMMISSION ON DENTAL ACCREDITATION
of Canada

Regarding:

- A. The maintenance of common accreditation standards and processes.
- B. Acceptance of the principal of joint accreditation survey teams.
- C. Recognition of the accredited status awarded by either party for a hospital dental service or health facility dental internship or general practice residency program.

This Reciprocal Agreement between the Ordre des dentistes du Québec and the Commission on Dental Accreditation of Canada sets out terms under which a number of common goals may be achieved in a cooperative and collaborative fashion.

Documentation

1. The Ordre des dentistes du Québec and the Commission on Dental Accreditation of Canada will cooperate to share documentation, and will consult on the introduction of new standards or processes in order to maintain closely comparable accreditation standards as well as documentation and processes supporting these standards.

Surveys

2. Within the Province of Québec, the Ordre des dentistes du Québec will be responsible for the conduct of accreditation surveys related to hospital dental services.
3. Within the Province of Québec, the Commission on Dental Accreditation of Canada will be responsible for the conduct of the accreditation surveys related to health facility dental internship or general practice residency programs, education programs in the dental specialties, and undergraduate dental education.

Notice of Survey Dates and Survey Team Composition

4. The Ordre des dentistes du Québec may nominate an accreditation surveyor at its own expense, to serve on any of the accreditation survey teams reviewing health facility dental internship or general practice residency programs in Québec under the authority of the Commission on Dental Accreditation of Canada. The Commission will give the Ordre des dentistes du Québec one-year advance notice of an upcoming accreditation survey in the Province of Québec.

5. The Commission on Dental Accreditation of Canada may nominate, at its own expense, a representative to an accreditation survey team reviewing a hospital dental service in Québec under the authority of the Ordre des dentistes du Québec. The Ordre des dentistes du Québec will give the Commission on Dental Accreditation of Canada one-year advance notice of an upcoming accreditation survey in the Province of Québec.

Review of Survey Reports

6. The Commission will not formally review accreditation survey reports submitted to the Ordre des dentistes du Québec for dental services, but will receive for information a list of recommendations presented in each survey report and will be notified upon judgement of the status awarded by the Ordre des dentistes du Québec.
7. The Ordre des dentistes du Québec will not formally review accreditation survey reports submitted to the Commission on Dental Accreditation of Canada for health facility dental internship or general practice residency programs, but will receive a list of recommendations presented in each survey report and will be notified upon judgement of the accreditation status awarded by the Commission of Dental Accreditation of Canada.

Acceptance of Accreditation Status Awarded

8. The Commission on Dental Accreditation of Canada will accept the judgement of the Ordre des dentistes du Québec with respect to the

accreditation status awarded a hospital dental service within Québec. The Commission on Dental Accreditation of Canada will publish the names of hospital dental services accredited by the Ordre des dentistes du Québec as accredited dental services recognized by the Commission on Dental Accreditation of Canada.

9. The Ordre des dentistes du Québec will accept the judgement of the Commission on Dental Accreditation of Canada with respect to the accreditation status awarded a health facility dental internship or general practice residency program within Québec and will be notified of the Commission's decision in January of each year.
10. The Ordre des dentistes du Québec will continue to recognize the accreditation status granted by the Commission on Dental Accreditation of Canada to other education programs in Canada.

Confidentiality

11. Both parties understand that information provided by either party to the other is held in the strictest confidence.

Signed this _____ day of _____, 1993.

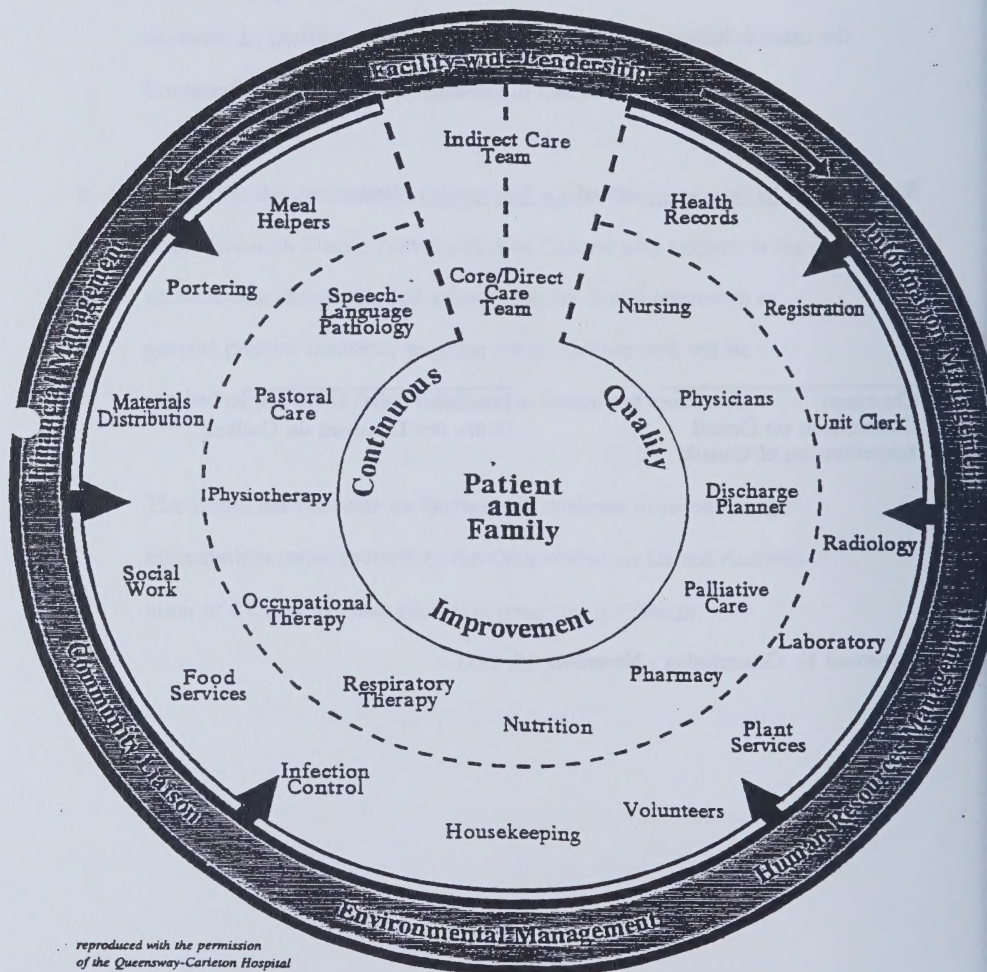
Chairman
Commission on Dental
Accreditation of Canada

Président
Ordre des Dentistes du Québec

Approved by Commission : November 15, 1993

Team Composition and Interview

AN EXAMPLE OF ONE PATIENT CARE GROUPING (Medical Care)



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of the Queensway-Carleton Hospital
Ottawa, Ontario

CONSIDERATION OF A RECIPROCAL AGREEMENT
WITH THE
AMERICAN DENTAL ASSOCIATION (ADA)
FOR
DENTAL ASSISTING EDUCATION PROGRAMS

Background: At its May 1992 meeting, the ADA Commission on Dental Accreditation reviewed a request from the Dental Assisting National Board, Inc. (DANB) to consider establishing a reciprocal agreement between the ADA Commission on Dental Accreditation and the Commission on Dental Accreditation of Canada for dental assisting education programs. These two bodies have for many years had reciprocal agreements for recognition of accredited predoctoral, advanced dental specialty and dental hygiene education programs.

The ADA Commission determined that an effort should be made to explore the comparability between the agencies' dental assisting accreditation standards in order to assure DANB and state and provincial regulatory agencies of the similarities (or differences) between ADA and Canadian Dental Association (CDA) accredited dental assisting programs and their graduates. The Commission noted that the feasibility of such an agreement must be evaluated on the basis of a comparison of the two agencies' standards, an examination of both agencies' accreditation procedures related to dental assisting and mutual observations of dental assisting site visits. Accordingly, at its May 1992 meeting, the ADA Commission directed that a formal letter be sent to the Commission on Dental Accreditation of Canada inquiring about the agency's interest in establishing a reciprocal agreement for accredited dental assisting programs.

In June 1992, Canadian Commission on Dental Accreditation responded via letter stating that, "The Commission on Dental

Accreditation of Canada would be most interested in pursuing the development of a reciprocal agreement with the ADA Commission for dental assisting education programs." A copy of the current Canadian standards and procedures, Dental Assistant: The Accreditation Process and Education Requirements was included for the ADA Commission's review. The letter also stated that the Canadian Commission would be pleased to have an ADA Commission representative participate as an observer during the May 17-18, 1993 site visit of the dental assisting program offered by Vancouver Community College in Vancouver, British Columbia.

At its December 1992 meeting, the ADA Commission accepted the CDA's invitation to send an observer to the May 17-18, 1993 site visit of the dental assisting program offered by Vancouver Community College in British Columbia. Further, the Commission extended an invitation to the CDA to have an observer attend its September 22-24, 1993 site visit of the dental assisting program sponsored by the University of Maine. In turn, the CDA accepted the Commission's invitation.

Comparison of the Dental Assisting Accreditation Standards:

The ADA Commission's Accreditation Standards for Dental Assisting Education Programs were first approved by the House of Delegates of the American Dental Association in 1960. They have been revised four times - in 1969, 1973, 1979 and 1991. The Canadian Dental Assistant: The Accreditation Process and Education Requirements were first adopted in 1970 and have been revised twice in 1980 and 1991. Both agencies conducted these revisions to ensure that the documents reflect the dental profession's changing needs and educational trends.

Between 1980 and 1986, the Commission on Dental Accreditation of Canada also accredited chairside dental assisting programs in the province of Ontario. During this time period, the

Ontario chairside assisting programs were known as "Level I" programs. The Canadian Commission no longer accredits Level I programs. All other comprehensive dental assisting education programs accredited by the Canadian Commission since 1970 are commonly referred to as "Level II" programs. For the purposes of reciprocity, the comparison of the accreditation programs will be focused on the ADA Commission's Accreditation Standards for Dental Assisting Education Programs and the CDA Commission's Dental Assistant: The Accreditation Process and Education Requirements (Level II).

There are many similarities and some differences in the standards used to accredit Canadian and American dental assisting programs. The Canadian Requirements delineate criteria for accrediting dental assisting programs as do the ADA Commission's Accreditation Standards Programs. Both documents define the terms "must/shall," "should," and "may/could" similarly. Also, both documents specify criteria for educational setting, institutional relationships, administration, financial support, facilities, admissions, curriculum, faculty, learning resources, student affairs, and outcomes assessment. Both specify the minimum length of the program, while expecting the program objectives, competencies and curriculum content to determine the length of the program. The criteria in the two documents are similar in intent, language and flexibility.

The two documents differ in that the CDA Requirements specify criteria in areas not included in the ADA Commission's Accreditation Standards, including research and scholarly activity and clinic administration. Other areas focus on the relationship between the dental assisting program and other dental and allied dental education programs, hospitals and health care facilities, health departments and community service programs, baccalaureate, graduate/ postgraduate programs, continuing

education programs, and dental, dental hygiene and dental assisting organizations and licensing bodies.

The ADA Commission's Accreditation Standards have more text on many topics. However, many of these statements are "should" statements, such as faculty-to-student ratios and numbers of clinical practice hours. In summary, the criteria used to accredit Canadian and American dental assisting programs generally address the same areas and components of the educational program, although the Canadian Requirements address areas that the ADA Commission does not. In the common areas, the two accrediting bodies specify criteria for accredited dental assisting programs with very similar verbiage.

Results of the Mutual Observations: To gain better insight on how the Accreditation Standards and the Requirements are interpreted during on-site evaluation, a staff member of the ADA Commission attended the site visit to the dental assisting program sponsored by Vancouver Community College in British Columbia in May 1993. In September 1993, a staff member of the CDA Commission attended the site visit to the dental assisting program sponsored by the University of Maine.

Both agencies use a visiting committee as the data collection mechanism. The respective team compositions, length of the visit, format of the visit (conference method) and schedule of conferences are very similar. Both agencies are committed to maintaining confidentiality during all aspects of the site visit process. Both observers believed that the standards are applied and interpreted in a similar manner during the respective accreditation processes. The self-study materials provided for visiting committees by Canadian and American institutions require the programs to describe and demonstrate how each educational requirement for accreditation is addressed.

Comparison of Process and Procedures for Accreditation: The CDA Commission and the ADA Commission have essentially the same philosophy, process and procedures for accrediting dental assisting education programs. Both agencies' stated missions include determining if a program meets pre-established standards and stimulation of further development of the program based on a review by peers. Both accrediting agencies review the program in terms of program goals and outcomes assessment, with sensitivity to the institutional setting and mission.

The visiting committees for both agencies draft the report of the visit. While the general appearance of the report differs, both agencies provide a summary of findings, including recommendations, suggestions and commendations.

The processing of the site visit report is identical in Canada and in the United States. The site visit team approves the preliminary draft report, then the institutional administration has the opportunity to comment on the draft report. The preliminary draft report and the institution's response to the draft report are submitted to the Commissions and their appropriate standing committees for review and determination of accreditation status. Subsequently, both agencies expect programs to implement the recommendations contained in the final reports and monitor programs through progress reports to determine if deficiencies are corrected. The classifications of accreditation and the length of the accreditation cycle are the same.

The composition of the 15-member Canadian Commission is interdisciplinary and comparable to that of the ADA Commission. The accreditation decisions of the Canadian Commission are final and binding, as are those of the ADA Commission. Both agencies have adopted confidentiality and other policies which are equivalent.

Conclusions: The Commission on Dental Accreditation of Canada is asked to consider this report on the comparability of dental assisting accreditation at its November 1993 meeting. Based on this report, the Canadian Commission is asked to determine if criteria and procedures used to accredit dental assisting programs in Canada and in the United States are very similar, then an agreement of reciprocity is put forth for Canadian approval, subject to the approval of the ADA Commission.

If the Commission concurs with this conclusion and wishes to approve the reciprocal agreement for dental assisting, consideration should be given to adoption of a statement describing the agreement. The following statement is proposed:

PROPOSED MOTION:

THAT, by reciprocal agreement, Level II dental assistant programs that are accredited by American Dental Association, Commission on Dental Accreditation, be recognized by the Commission on Dental Accreditation of Canada;

Following approval by the Canadian Commission, this report will be forwarded to the ADA for consideration at the ADA Commission meeting in January 1994. The ADA Commission must pass a similar motion in order that the agreement will be binding. The reciprocal agreement will come into effect January 30, 1994 pending ADA approval.

Approved by the
Commission on Dental Accreditation of Canada
November 15, 1993

CANADIAN DENTAL ASSISTANTS' ASSOCIATION

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

President:	Gail Armitage, Calgary, Alberta
Vice President:	Charlotte Peer-Miller, Dorchester, Ontario
Past President:	Betty Copp, Fredericton, New Brunswick
Registrar:	Louise Mabey, Edmonton, Alberta

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Current Activities of the Canadian Dental Assistants' Association

The head office of the CDAA continues to be temporarily located at 869-871 Dundas Street in London, Ontario. Planning and investigation for the establishment of our permanent location in Ottawa is currently under way, and a relocation date of May 1995 is anticipated. The office continues to operate Monday to Friday from 8:30 a.m. to 4:30 p.m. Our full time administrative assistant, Beulah Wallman, will be pleased to handle any inquiries.

2. Goals & Priorities of the CDAA

Over the past year, the CDAA has embarked on the process of reviewing its mission, goals and priorities and establishing a vision for our future as a national organization. The mission statement of the CDAA is:

The CDAA is committed to the advancement of dental assisting by establishing professional and educational standards and fostering unity and growth.

A planning session of the CDAA Board of Directors produced current goals and priorities of the CDAA. Four goals were identified and stated as immediate priorities.

- | | |
|---------|--|
| Goal #1 | To provide the CDAA board at FDI in October 1994 with a list of desired member services and related costs. |
| Goal #2 | To continue development of the CDAA Level I and Level II National Board Exams. |
| Goal #3 | To hire a permanent CDAA Executive Director who will relocate to the head office at a time stipulated by the CDAA. |
| Goal #4 | To continue future planning sessions for the CDAA in Vancouver at FDI in September 1994. |

3. The National Certification Program

A task force was established in the fall of 1993 to review the current National Certification Program through discussion with provincial licensing/registration bodies to examine needs, and to propose recommendations regarding a national examination strategy to address the future of dental assisting in Canada.

To date, the task force has proposed several recommendations to refine the policies of the program. The revisions made to the program are as follows:

1. Effective July 1, 1994, application for CDAA certification without examination for both Level I and Level II can be made up to 5 years from the date of graduation from an accredited dental assisting program. CDAA membership is a requirement of the certification process and must be in effect at the time of application for CDAA certification. Applicants for CDAA certification must also be a member in good standing and hold current provincial status in their respective province.
2. Effective July 1, 1994, candidates applying to write the CDAA National Board Exam (Level I and Level II) will be required to pay membership fees at the time of application.
3. Effective 1994, after May 15 each year, initial applicants for CDAA National Certification need only begin the process of annual renewal of certification and CDAA membership by the stipulated renewal deadline in the year immediately following.

Students who become CDAA members before November 30th of their school year will have their membership remain in effect until the year following their graduation.

4. American candidates seeking a Canadian Level II National Dental Assisting Board Certificate, who have graduated from a program accredited by the American Dental Association Commission on Dental Accreditation, may be granted, without further examination, a CDAA Level II Board Certificate.

All approved applicants must have graduated from a program that has included instruction in all of the mandatory procedures listed in the Level II Dental Assisting Competency Profile approved November 1990 by the Commission on Dental Accreditation of Canada.

Further to the review of the National Certification Program, the CDAA has established a standing committee, the CDAA Board of Examiners, whose mandate is to review application and registration procedures for Level I and Level II, to review examination results, to hear and review appeals, to be responsible for on-going development of examinations and to work

cooperatively with the Educational Measurement Research Group. The appointed chair of this committee is Margaret Steckler of Saskatchewan.

Applications for Level I and Level II examinations continue to be handled through our London office and the Educational Measurement Research Group at the University of British Columbia continues to administer the examination for us.

4. CDAA Publications

The *CDAA Journal* is now published twice annually, June 15th and November 15th and is augmented with a Presidents' newsletter entitled *Directions*, published September 1st and March 1st. These publications are circulated to all CDAA members.

5. Constitution and Bylaws

The CDAA is currently working on the third phase of a three phase restructuring process. A new board structure and corresponding set of bylaws have been approved by the membership. It is currently being registered by Canada Consumer & Corporate Affairs. The development and presentation of the accompanying manual of procedures (September 1994 at the AGM) will see the three fold process complete.

6. Noteworthy Activities

- At the request of Brian Henderson of the CDA, the CDAA has responded to the request to participate in the Dental Human Resources Study. Our financial contribution has been forwarded and our representative has attended the initial meetings.
- The CDAA has forwarded a statement to the Government of Alberta to support the continued operation of the University of Alberta Faculty of Dentistry.
- The CDAA has forwarded a statement to support the ODN and AA by specifying that the CDAA does not support the removal of "order" from the Ontario Dental Hygiene Act, 1991.

It was indeed a pleasure to have Mr. Brian Henderson as a guest at our board meeting April 15, 1994 in London. It was our intention to enhance our affiliation with the CDA, and through the presentation we believe we have accomplished our goal. We look forward to

strengthening our relationship in the years to come. Our discussion allowed us to better understand our affiliation. We look forward to continued interaction with the CDA on issues of mutual concern in the years to come.

On behalf of the CDAA Board of Directors, I wish you a successful meeting. We appreciate the opportunity to present at your Board.

Respectfully submitted,

Gail Armitage
President, Canadian Dental Assistants' Association

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Assistants' Association as information.

CANADIAN DENTAL HYGIENISTS ASSOCIATION

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

1. CDHA Executive Council

Presidents:	Maxine Borowko	(1994-95)
	Margery Forgay	(1995-96)
	Sue MacIntosh	(1996-97)
	Fran Cotton	(1993-94)

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. CDHA Board of Directors

- a) The Board consists of five councils, each with an area of responsibility, all of which operate independently but report to the remaining four councils which collectively comprise the Board.

- b) CDHA Mission 1963-1994

The mission of the Canadian Dental Hygienists' Association is to cultivate, promote and sustain the art and science of dental hygiene, to maintain the honour and interests of the dental hygiene profession and to contribute toward the improvement of the health of the public.

3. 1993-94 Meetings

1994	Aug 1994	Executive Council Teleconference	
	Oct 16-23	National Dental Hygiene Week	
	Oct 28-29	Education Standards Workshop	Winnipeg
	Oct 30-31	Executive Planning Meeting	Winnipeg
	Dec 1994	Executive Council Teleconference	
1995	Jan 26-29	Council Planning Session	Ottawa
	Jan 30-31	Executive Council Meeting	Ottawa
	March	Executive Council Teleconference	
	April	CDA Interim Meeting	
	June 16-18	CDHA Conference	Halifax

4. Executive Council

a) COUNCIL ROLE

The areas of responsibility of Executive Council are centred around leadership, planning and administration. During the 1993-94 year, members of executive, including the executive director, have visited six constituent associations, have represented CDHA at several external organization meetings, made written contacts with other agencies, and provided support to provincial initiatives.

b) PROFESSIONAL CONFERENCES

1993 The North American Research Conference held October 15-17 in Niagara Falls, hosted by CDHA, was a significant success gathering dental hygiene researchers from across North America. Dr. Roberta Bondar and Dr. Jane Fulton were keynote speakers with dental hygiene presentations from Texas, California, Michigan, Virginia, Illinois, Idaho, Iowa and Canadian provinces.

1994 The 1994 CDHA Professional Conference "Sharpen Your Professional Edge, A Question of Conscience, A Matter Of Choice", focused on ethics and the responsibility of dental hygienists as professionals to uphold and abide by the CDHA Code of Ethics. Presenters included; Michael Rachlis, Marg Wilson, Lynn Guest, Maxine Borowko, Brent Cotter, Jennifer Thomas, Pamela Wallin, Francisco J. Otero, Gary Chiodo and Tobella Segal.

1995 "The Public, The Practitioner and The Profession", will be held June 16-18, in Halifax. CDHA invites allied dental professionals to attend and enjoy atlantic hospitality.

1996 Calgary has been confirmed as the site for the 1996 June conference.

c) PUBLICATIONS

The CDHA Journal PROBE and the newsletter EXPLORER are both published bi-monthly. PROBE provides a classified section for dental practitioners interested in identifying dental hygiene employment opportunities across Canada. Ms. Dianne Landry, RDH, BA is Editorial Director and Janice Edgar, BJ is Managing Editor.

d) LIFE MEMBERSHIP

Ms. Sheryl Feller, RDH, MBA was recently awarded life membership with the Canadian Dental Hygienists Association. Ms. Feller has contributed to CDHA and the growth of the profession by guiding association strategic planning, updating the clinical practice standards, and facilitating education and management workshops.

e) CDHA CENTRAL OFFICE

With the aid of solicited input from board members, resource people and staff, activities at central office were reviewed. To date the self administered dental plan for CDHA employees has been well received and will continue to be evaluated. The addition of the Director of Communications has enabled the association to increase both internal and external contacts.

Central office will require relocation when the current lease expires. Options have been investigated and the Board has given direction for a potential location change.

5. **Professional Development Council**

a) COUNCIL ROLE

The areas of responsibility of Professional Development Council include, dental hygiene education, research promotion, quality assurance development and review, and continuing education.

b) UPDATING CLINICAL PRACTICE STANDARDS

The CDHA Board of Directors adopted the draft document "Dental Hygiene: Definition and Scope" which updates the current Clinical Practice Standards for dental hygienists, Health Canada. Validation of this document will be conducted throughout 1994 and presented to the Board in June 1995.

c) NATIONAL DENTAL HYGIENE EDUCATION STANDARDS

CDHA/ACFD will be co-hosting an Education Standards Workshop October 28-29 in Winnipeg, Manitoba, facilitated by S. Feller. Representation will include dental hygiene educators, dental hygiene licensing authorities, Commission on Dental Accreditation of Canada, NDHCB and CDHA. From this meeting its expected that a first draft of education standards for dental hygienists in Canada will be developed.

d) EDUCATORS DIRECTORY

An educators directory has been developed to provide all dental hygiene educators with a list of colleagues coast to coast and a description of areas of teaching expertise. This document has proved to be a valuable networking tool. Professional Development Council will update this directory to meet an October distribution date. A section which identifies dental hygienists engaged in research will be added to this fall's directory.

e) QUALITY ASSURANCE

CDHA Quality Assurance Workshops are currently being updated based on the revised Clinical Practice Standards. Professional Development Council attended a quality assurance workshop hosted by the College of Dental Hygienists of Ontario in Saskatoon in June. This workshop provided a forum to identify opportunities and strategies to develop with CDHA a common quality assurance process as required by CDHO, ADHA, CDHBC with appropriate linkage for national certification and education standards.

f) LIAISE WITH OTHER ORGANIZATIONS: AADS/ACFD/CDA

Funding for a CDHA representative to attend and report on the American Association of Dental Schools meetings (AADS), the Association of Canadian Faculties of Dentistry meetings (ACFD), and the Canadian Dental Association's Teaching Conference increased the CDHA's knowledge of educational trends, visions, and ideas. Reports have been submitted following attendance at these meetings and are available for member information.

g) GRADUATE STUDENT RESEARCH AWARD

The CDHA/Procter and Gamble Graduate Student Research Award is available for a dental hygienist returning to full time masters or doctoral dental hygiene program. The 1994-95 recipient of this award is Ms. E. Brownstone.

h) PROCTER AND GAMBLE EDUCATION SERIES

This professional resource has been distributed to dental hygiene programs across Canada. These programs have been surveyed by the Professional Development Council to determine opinions on the resource. Results of this survey have been tabulated and communicated to Procter and Gamble. Educators have said overwhelmingly that the Educational Series is an excellent resource. Procter and Gamble will be updating the series on a yearly basis.

6. Practice and Regulation Council

a) COUNCIL ROLE

Areas of responsibility include national certification for dental hygienists, self-regulation, improved access to care, and management of dental hygiene care i.e. Blood Borne Pathogens (Appendix A), infection control, fluoride recommendations.

APPENDIX A

b) DENTAL HUMAN RESOURCE STUDY MODEL

CDHA Board of Directors adopted a resolution that CDHA, with the support of the dental hygiene self-regulating authorities, participate in a joint venture with the Federal Government/CDA/CDAAC to develop a Dental Human Resources Study Model.

c) NATIONAL CERTIFICATION

A milestone has been reached! After 20 years CDHA is pleased to announce the creation of the National Dental Hygiene Certification Board (NDHCB). The NDHCB held its first meeting June 15-16 in Saskatoon and is looking forward to endorsement of national certification by all Canadian regulating authorities.

Outcomes include: Ontario, Alberta, New Brunswick and PEI have all agreed to recognize and require the credential. The remaining provinces in attendance expressed support pending provincial authorities final approval at fall meetings. BCDHA has voted in support, but final confirmation will be forthcoming upon the college's establishment, later this year. The NDHCB has endorsed the Canadian Nurses Association as the testing agency to develop the examination process. This process will be developed in two phases; first, the written exam portion which will be complete for June 1996 and second, the clinical component. NDHCB is encouraging a universal grandparenting process to spread the development cost equally among all current dental hygiene practitioners.

CDHA recognizes the tireless work of Dianne Gallagher for the creation and fulfilment of the process. Dianne has agreed to continue to represent CDHA as one of the members of the new NDHCB. Our association would also like to take this opportunity to thank the Canadian Dental Association for their continued support and encouragement and to Dr. Bonang for his assistance, support, and advice on behalf of the Canadian Federation of Dental Regulating Authorities.

d) SECONDARY SOURCE DATA PROJECT

Last year the dental hygiene regulatory authorities expressed support for an ongoing longitudinal data project to gather and monitor basic information on dental hygienists with the annual license renewal. Dr. Pat Johnson has been appointed to work with the council to develop a common statistical base to allow collection, analysis and sharing of information nationally.

e) COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

British Columbia Health Minister Paul Ramsey announced March 7, 1994 that a college of dental hygiene will be established to regulate the professional and provide better protection for the public. The CDHBC will join the College of Dental Hygienists of

Ontario (Jan. 1, 1994), the Alberta Dental Hygienists Association (1990), and the Corporation Professionnelle des Hygienistes Dentaire du Quebec (1975) in collectively regulating 90% of dental hygienists in Canada.

7. **Member Services Council**

a) **COUNCIL ROLE**

Areas of responsibility for Member Services Council include increasing membership nationally, provincially and locally through the provision of appropriate member services and communication strategies that strengthen national interaction.

b) **MEMBER CAMPAIGN AND RETENTION OF MEMBERS**

1993-94 was a most successfully membership year. Membership is linked to licensure in five provinces and the remaining four provinces had member increases above the influx of new graduates. The province of Quebec does not have a provincial association and is therefore not part of the CDHA. CDHA and the Corporation of Dental Hygienists of Quebec do have a working relationship on areas of interest primarily licensure, education, regulation, national certification and quality assurance.

c) **MEMBER MANUAL**

In 1994-95 all members received a member manual providing detailed information on products, services and programs available to them as CDHA members. This manual will be updated and distributed on a regular basis based on positive evaluation.

d) **STUDENT PROGRAM**

Student binders are distributed annually through dental hygiene programs to all students. They outline CDHA, the profession and the two student scholarships. This year CDHA was able, with corporate assistance, to provide all graduates with a gift to welcome them to the profession. Dorothy Cairns (Victoria) and Michele Ediger (Winnipeg) are this year's recipients of the student CDHA/Aqua-Fresh award. Both recipients were recognized and presented with their awards at the Professional Conference in Saskatoon.

e) **MEMBER BENEFITS**

This year Member Services Council has invited ODHA representatives to the January meeting to identify and enhance collective services for members. ODHA completed a strategic program in 1993-94 that has provided, through province wide focus groups,

an outline of member requested services. Collectively CDHA and ODHA plan to implement programs that compliment and complete member needs.

8. Health Promotion Council

a) COUNCIL ROLE

Areas of responsibility include the promotion of oral health as an integral part of general health, increasing awareness of the dental hygiene profession and improving public access to quality oral health care.

b) SMILE FOR LIFE - NATIONAL DENTAL HYGIENE CAMPAIGN

National Dental Hygiene Week has been scheduled for October 16-23, 1994. This years focus will be on the teen age group. Materials will be distributed to members with the July/August journal. 400,000 kits will be distributed by dental hygienists in public health, to schools across Canada during the month of October. Planning is presently underway for 1995 and 1996.

c) PARENT SHOW

A new venture for CDHA this year involved participation with Procter and Gamble at the Toronto Parent Show. The project was considered most successful by those who participated. Public interest was high, and identifying the range of questions of interest to the public, was valuable for CDHA.

d) MEMBER RESOURCE CENTRE

Establishment of a CDHA member resource centre for lending AVA materials and information has proved most valuable to members. The centre has divided material into two categories, that of information for public presentation by dental hygienists and professional information for continuing education. Audio tapes resulting from CDHA professional conferences will be available through CDHA's Central Office on a cost-recovery basis.

e) SASKATOON 94

Health Promotion Council continues to foster multidisciplinary health care by identifying and inviting related organizations and professionals with common interests to attend the CDHA professional conference.

f) **NEW OPPORTUNITIES FOR HEALTH PROMOTION**

Investigation is underway to identify new opportunities to promote health in all practice settings.

Respectfully submitted,

Maxine Borowko, President, Canadian
Dental Hygienists Association

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Hygienists Association as information.

Bloodborne Pathogens in the Health Care Setting: *Risk for Transmission*

Preface

The following Laboratory Centre for Disease Control, Health Canada (formerly Health and Welfare Canada) Report is presented for your information and consideration.

C.D.H.A.'s Practice and Regulation Council has inserted within the report *Advisory Opinion* to:

- further clarify statements and/or
- give a dental hygiene perspective and/or
- to emphasize significant issues.

The Canadian Dental Hygienists' Association is governed by a board of directors elected from across Canada, representative of its member population. Provincial constituent association members have had opportunity to comment and have shown their support for the *Advisory Opinion*.

I. Introduction

Concerns about the risk for transmission of hepatitis B and human immunodeficiency viruses in the health care setting led to a series of meetings, beginning in December 1991, organized by the Laboratory Centre for Disease Control, Health and Welfare Canada. **The purpose of these forums was to define areas of consensus among interested Canadian groups on issues related to transmission of bloodborne pathogens including hepatitis B virus (HBV) and the human immunodeficiency virus (HIV) from health care workers to patients/clients in a health care setting.** It was accepted that similar recommendations would apply to the testing, disclosure and management of patients. Although data are lacking on the risks of transmission of hepatitis C and non-HIV human lymphotropic viruses in the health care setting, the approach to other bloodborne viruses is expected to be similar to that for HBV and HIV.

The subject areas discussed at these meetings were as follows:

- HBV/HIV testing of health care workers
- Infection Control Guidelines
- Compliance with infection control procedures by health care workers
- Training of health care workers in principles and practices of infection control
- HIV- and HBV-positive health care workers and the risk of transmission in the health care setting
- Clinical management of health care workers pre- and post-exposure
- Assessment of HIV- and HBV-seropositive health care workers
- Assessment of invasive procedures performed by HBV- or HIV-infected health care workers
- Disclosure of an infected health care worker's status
- Public education

Participants represented a wide range of Canadian organizations concerned about health care, ethics in medicine, and Canadian law as it applies to such issues.

Statements and recommendations emerging from these discussions reflect a consensus based on current knowledge; however, a spectrum of opinion was expressed in most subject areas. These recommendations are subject to change through results of on-going study and research. This document is intended to serve as a guide for those who employ, educate, license and legislate health care workers in Canada.

In the following recommendations, "significant exposure" is defined as an injury during which one person's blood or other high-risk body fluid^b comes in contact with someone else's body cavity; subcutaneous tissue; or non-intact, chapped or abraded skin or mucous membrane. In this context, an instrument contaminated with the health care worker's blood or the dripping of blood may be the mechanism by which a significant exposure occurs; a glove tear or perforation by itself is not regarded as a significant exposure.

^a Participating organizations are listed in the appendix

^b Body fluids presenting risk for bloodborne-disease transmission are:

- | | |
|-----------------------|--------------------------|
| • Blood | • Pericardial Fluid |
| • Semen | • Amniotic Fluid |
| • Vaginal Secretions | • Peritoneal Fluid |
| • Cerebrospinal Fluid | • Other body fluids |
| • Synovial Fluid | containing visible blood |
| • Pleural Fluid | |

Advisory Opinion: *CDHA recognizes that saliva is not implicated in the transmission of HBV or HIV. However, because oral procedures may introduce visible or non-visible amounts of blood into the saliva, the saliva should be considered potentially infectious.*

II. HBV and HIV Testing of Health Care Workers

Statement

Programs for testing health care workers for HIV and HBV infection must be based on scientific principles, must consider ethical issues and legal precedents, and must be sensitive to the public needs. There is currently no legislation in Canada that specifically addresses the condition(s) under which testing of health care workers for HIV or HBV is warranted.

The participants of the meetings felt that a mandatory testing program for health care workers would not materially change the already extremely low risk for patients to acquire HIV or HBV infection in health care settings. In view of the risk, mandatory testing would be an unjustified measure that would violate the rights of individual privacy, and could result in acts of discrimination. The existence of such a testing program would likely have a major negative influence on the delivery of service and the training of health care workers in proper infection control practices because it would use scarce resources cur-

rently devoted to these high priority activities. There is also no scientific consensus on how often testing should be repeated if such a program were initiated.

Advisory Opinion: *Proposed mandatory testing has been demonstrated to have a strong adverse impact on health care access for certain communities. CDHA recognizes the high incidence of false positive results and the associated consequences, the expense involved in retesting, and the strong negative message relayed to the public.*

Recommendations

1. Mandatory testing of health care workers is not justified based on current scientific evidence.
2. Health care workers who have had a previous significant exposure or who have personal risk factors (e.g., high-risk sexual practices, IV drug use) should be encouraged to voluntarily seek HBV and HIV testing. Voluntary testing of health care workers who have no personal risk factors, based on perceived or potential occupational risk for transmitting HIV or HBV (e.g. persons performing invasive procedures), is not recommended.
3. Following a significant exposure to a patient's blood or other high-risk body fluid, voluntary testing of health care workers is recommended if:
 - a) the source patient is known to be infected with HIV or HBV;
 - b) epidemiological evidence suggests possible infection (e.g., high-risk sexual practices, IV drug use);
 - c) the source patient is unknown or is unable to consent to or refuses testing.

Advisory Opinion: *Additionally, CDHA recommends including the possible situation of: d) the serostatus of the source patient is unknown. Voluntary testing of the dental hygienist and the patient should follow a significant exposure to the patient's potentially infectious body fluids. Retesting of the dental hygienist should follow, on intervals as directed by the health department. The patient would only be notified to retest if the dental hygienist seroconverted.*

4. Health care workers have a moral and ethical obligation to be tested following a significant exposure by a patient to a health care worker's blood or high-risk body fluid if the health care worker's serological status is unknown. (See X, Recommendation 2)

III. Infection Control Guidelines

Statement

Universal Precautions were first introduced in Canada in 1987¹ in response to concern about occupational/nosocomial transmission of HIV/HBV from percutaneous exposures. Universal Precautions are specifically intended to prevent transmission of bloodborne pathogens from patients to health care workers; however, they must be used in conjunction with traditional infection control systems for confirmed or suspected infections.² Another established system, Body Substance Isolation³, replaces traditional isolation systems, with the exception of airborne infections. Neither Universal Precautions nor Body Substance Isolation recommend extra labelling of specimens or patients to identify them as requiring special care because of their

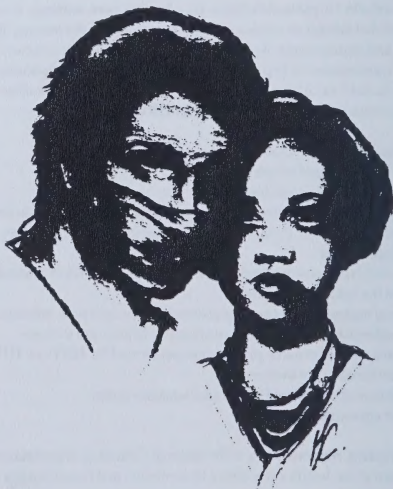
potential risk for transmitting infection.

The blurring of distinctions between Universal Precautions and Body Substance Isolation has led to an inconsistent application of terms and principles. Consistent use of both terms associated with promotion of a standard definition of practice would enhance understanding of the basic differences and improve the consistent application of appropriate terms and principles.

Recommendations

1. Universal Precautions should be regarded as the **minimum** standard of practice for preventing transmission of bloodborne pathogens in all health care settings. Universal Precautions must be clearly and consistently defined wherever they are described.
2. Current LCDC guidelines for Universal Precautions should be compiled in one document, revised and expanded in content. They should be based on current results of risk benefit studies and research findings and be organized in such a way as to facilitate adaptation to the specific needs of users. LCDC should assume a leadership role in the promotion of these guidelines to users, including professional associations, health organizations, health care facilities, and educators.
3. Health care settings (including institutions, private offices and clinics, and first-line responders) and mortuaries should have written documents that describe infection control strategies in their specific areas and outline procedures for situations where there is risk of significant exposure to blood or other high-risk body fluids. Such policies and procedures should be developed in consultation with appropriate experts.
4. Strategies for preventing transmission of bloodborne pathogens should be reviewed as new information becomes available and reevaluated as to their effectiveness.

Advisory Opinion: *CDHA strongly endorses the use of Universal Precautions in dental hygiene practice.*



"Health care workers who have had a previous significant exposure or who have personal risk factors... should be encouraged to voluntarily seek HBV and HIV testing."

IV. Compliance with Infection Control Procedures by Health Care Workers

Statement

Currently available information indicates that the risk for transmitting disease with contaminated blood from an infected worker to a patient is very small when health care workers adhere to recommended infection control procedures. Mechanisms for assessing and improving compliance can be developed by implementation of standards against which compliance is measured. However, enforcement of compliance with these infection control procedures, including Universal Precautions, is difficult.

In health care facilities, internal quality assurance/risk management programs can be used to evaluate compliance with recommended infection control procedures. External accreditation councils can assist in this process. Although assessment of compliance is more difficult in independent settings, internal audits, clinical appraisals and on-site inspections exemplify methods that could be employed.

Recommendations

1. Standards for infection control practices in health care settings and mechanisms to implement and evaluate these standards should be developed through collaborative efforts by provincial health ministries, related professional associations and licensing bodies, and health care facilities.
2. Health Canada should contribute to this process by providing consistent and current national recommendations.
3. Suitable new technologies and methodologies should be promoted that enhance compliance with specific interventions such as disposal of non recapped needles through use of devices designed to reduce needlestick injuries.

Advisory Opinion: *CDHA recommends that dental hygienists keep their knowledge of bloodborne pathogens and infection control standards current and that educators revise and update curriculum as required.*

V. Training of Health Care Workers in Principles and Practices of Infection Control

Statement

The practice of infection control is integral to the delivery of safe health care. Teaching health care workers the principles of infection control is a necessary prerequisite to their understanding of, and compliance with, infection control practices.

Structured infection control training incorporated into the curricula of schools that provide education to prospective health care workers would facilitate the acquisition of knowledge and enhance understanding of basic principles at the entry-to-practice level. Instruction is also an essential component of orienting staff to a new workplace and in-service education should continue during employment. While the value of for-

mal training programs is recognized, the influence of role models on the practices of health care workers cannot be underestimated. Therefore, employees and medical staff in senior positions should be included in training programs. Further exploration is required to determine if a core curriculum can be developed that can be adapted and modified to the training needs of a particular practice setting.

Recommendations

1. Professional associations should be responsible for developing and promoting to their members continuing education programs in infection control.
2. Training in infection control should become a compulsory component of a health care worker's preparatory (pre-licensure) education and continuing education.
3. Training programs should be developed by associations, faculties or facilities and evaluated regularly to ensure that information is current and meets the changing needs of the health care worker. Continuing education programs should be based on a needs assessment.

Advisory Opinion: *CDHA recognizes its responsibility to promote and provide continuing education opportunities in principles and practices of infection control.*

VI. HIV- and HBV-Positive Health Care Workers and the Risk of Transmission in Health Care Settings

Statement

The risk of infection following exposure to blood contaminated with hepatitis B "e" antigen (HBeAg+) is estimated to be a 100 times greater than the risk of infection following exposure to blood contaminated with HIV. However, the risk for death is estimated to be similar following a single exposure to a sharp instrument contaminated with blood from an HBeAg+ or HIV-infected person.

A number of issues were discussed that could have a bearing on strategies aimed at reducing the risk of transmission of HIV and HBV in the health care setting. These included:

- i) A sub-population of individuals infected with HBV can be defined who appear to be more likely to transmit infection, e.g., persons who are HBeAg+.
- ii) HBV infection can be prevented by vaccination and/or hepatitis B immune globulin.
- iii) Psychosocial stigmata associated with HIV infection are several times greater than for HBV infection.
- iv) The willingness of persons infected with HIV to participate and comply with primary and secondary preventive strategies may be different from those infected with HBV. For example, it is likely that health care workers would more likely agree to HBV testing following a significant exposure than they would to HIV testing. Similarly, it is possible that they may be more willing to participate in pre-exposure HBV testing than they would with pre-exposure HIV testing.
- v) The clinical course of HIV infection, with respect to mental and physical deterioration, could increase the risk of occupational transmission of this virus. While this is potentially true for HBV infection, it is not the usual experience in clinical practice.

Advisory Opinion: *CDHA recommends ongoing evaluation of the dental hygienist's mental and physical condition as their disease progresses.*

Recommendation

When evaluating risk for transmission in the health care setting, and when planning strategies aimed at reducing the risk for transmission, similar considerations should apply to persons infected with HBV or HIV. However, the nature of specific preventive measures may differ (e.g., between HBsAg+ and HBsAg- individuals).

VII. Clinical Management of Health Care Workers Pre- and Post-Exposure

Statement

The effectiveness of hepatitis B vaccine in preventing HBV infection has been proven. Protecting health care workers from acute and chronic infection with this virus will further decrease the likelihood of health care worker to patient transmission in the future. Hepatitis B vaccination programs may be made more effective through the application of measures such as:

- i) offering vaccine to current staff;
- ii) making vaccination a condition of employment;
- iii) establishing a declination record for persons who refuse vaccination;
- iv) making vaccination mandatory before clinical training at schools providing education in health care services.

Surveillance for significant blood exposures of health care workers and patients would permit identification of persons infected as a result of the blood exposure and would permit counselling and the early management of their infection. Information collected by such a surveillance system would also be of value in better defining the risk for infection after a defined exposure.

A protocol for post-exposure management and follow-up of persons exposed to bloodborne pathogens should be generally applicable to all bloodborne pathogens, and be adaptable to a variety of health settings. Designated persons who are readily available should manage and follow-up exposed health care workers and patients according to current established protocols.¹

Recommendations

1. All health care workers exposed to blood or blood products or at risk for occupational exposure to sharps injuries should be vaccinated against HBV. Within provinces, government, professional associations, institutions for training in health care disciplines, and health care facilities need to collaboratively establish programs for hepatitis B vaccination of these health care workers based on the demonstrated cost-effectiveness of these programs.

Advisory Opinion: *CDHA strongly recommends that all dental hygienists and dental hygiene students obtain HBV vaccination and maintain immunization.*

2. Campaigns aimed at promoting health and the personal benefits of reporting significant exposures should be developed to enhance participation in all health care settings and facilitate timely application of protocols. Professional associations, provincial governments, employees and educators should collaborate in the development of these campaigns.
3. All significant exposures should be reported through a proactive mechanism that:
 - a) is easy to access and is user-friendly;
 - b) assures confidentiality;
 - c) clearly and succinctly outlines information required from health care workers;

- d) provides for referral to appropriate experts;

- e) activates a protocol for follow-up that instills confidence in the exposed worker.

Advisory Opinion: *CDHA emphasizes the need to ensure confidentiality and recommends a "numbers only" record be kept of significant exposures.*

CDHA recommends that the protocol following a significant exposure include a consultative process readily available to the seropositive dental hygienist, through the primary care physician.

VIII. Assessment of HIV- and HBV-Seropositive Health Care Workers

Statement

Evaluation of health care workers who are infected with HIV or HBV will be enhanced if uniform criteria are used in a consistent manner maintaining confidentiality, and participation of appropriate organizations, licensing bodies, and public health officials is ensured, when necessary. The development of supportive review bodies within licensing and/or professional organizations with whom infected health care workers are willing to cooperate will assist in allaying public concern.

In developing the following recommendations, a greater spectrum of opinions was recognized compared with other subject areas discussed. The recommendations provide a framework for further discussions within provinces on the development of a uniform and consistent approach to the evaluation of seropositive health care workers.

Recommendations

1. Any health care worker with an infectious disease that could put a patient at risk is encouraged to voluntarily seek medical evaluation with respect to the potential for transmission of the infection to patients. Seeking medical evaluation is a fundamental ethical principle for health care workers infected with HIV or HBV.

Advisory Opinion: *Dental hygienists are encouraged to voluntarily seek ongoing comprehensive evaluation of their physical and mental limitations which may affect ability to practise and contribute to an increased risk to the client.*

2. Current guidelines and legislation dealing with confidentiality should be reinforced and followed. Reporting of seropositive health care workers must only be done within the requirements of current legislation.
3. Medical evaluation of an infected health care worker should be the responsibility of the health care worker's primary care physician. Primary care physicians who care for HIV- or HBV-infected health care workers are encouraged to seek advice on assessment of risk for transmission of infection in the health care setting through an established consultation mechanism.
4. A consultation mechanism that can be easily accessed by a primary care physician should be established, ideally in each province. This mechanism should ensure confidentiality and allow for input from public health, licensing bodies and/or professional associations, experts in infectious diseases and infection control, and others as judged appropriate to the situation. Participants in this process need not know the health care worker's identity. An existing provincial

reporting/consultation system may be adapted to serve as the consultation mechanism.

Advisory Opinion: *CDHA strongly endorses the above guidelines for the "Consultation Mechanism". The Profession of Dental Hygiene must have full and active representation in the development and operation of the "Consultation Mechanism".*

5. Criteria used to assess seropositive health care workers should include the medical evaluation (including mental condition), knowledge, application of infection control practices, and risk for injuries from sharp objects in the context of the individual's occupation.

Advisory Opinion: *A dental hygienist who meets physical, psychological and practice standards should be able to practise without restrictions.*

6. Supportive non-threatening programs through licensing and/or professional organizations should be developed to assist seropositive health care workers whose practices are modified because of their infection status. Career counselling and, if necessary, job retraining should be encouraged to promote the utilization of the health care worker's skills and knowledge.

Advisory Opinion: *CDHA recognizes that contributions can be made by dental hygienists whose practices have been modified by physical and mental limitations.*

IX. Assessment of Invasive Procedures Performed by HBV- or HIV-Infected Health Care Workers

Statement

Transmission of bloodborne pathogens from health care workers to patients has occurred during some invasive surgical and dental procedures. However, specific surgical procedures ("exposure-prone") that are associated with transmission of infection independent of the operator's technique, skill and medical status have not yet been well defined. In the absence of procedure-specific risk data, the concept of "exposure-prone" procedures is not useful for the development of strategies aimed at reducing transmission of bloodborne pathogens in health care settings.

Advisory Opinion: *CDHA recognizes the importance of, and supports a comprehensive approach to the assessment and management of seropositive dental hygienists's mental and physical status.*

Recommendation

High-risk practices and behaviours associated with invasive procedures need to be defined in specific health care settings, so that safer alternatives can be proposed to the health care worker and their implementation monitored. The identification of these practices and behaviours should consider the following:

- surgical techniques (e.g., manipulation of sharp objects without being able to see them clearly, digital palpation of sharp objects);
- environment (e.g., quality of equipment, level of assistance, physical setting);
- competency (e.g., fatigue, stress, level of training, experience and skill in relation to specific task, risk perception);
- exposure (e.g., potential for bleeding into a cavity, inadequate containment of bleeding);
- patient (e.g., uncooperative patient, adverse physical factors).

X. Disclosure of an Infected Health Care Worker's Status

Statement

Most contact between health care workers and patients does not involve the possibility of blood-to-blood contact and carries no risk for transmission of bloodborne pathogens. Current evidence suggests that risk of transmission of HIV and HBV from a serologically positive health care worker to a patient during an invasive procedure is extremely low.

As is the case for serological testing of patients and health care workers, disclosure of an infected person's test results involves many legal, ethical and personal considerations. An individual's right to know should be balanced with the potential harm caused if that knowledge is not kept confidential. A health care worker is under an ethical obligation to maintain confidentiality of patients' records, but the patient is under no similar ethical constraints. The decision to disclose or withhold the serological status of an infected health care worker is also complicated by the public's current perception of the risk of exposure. Disclosure of an infected health care worker's serological positive status could have a devastating impact on that person's ability to practice professionally, in spite of the extremely low risk from transmission of the infection from the health care worker to the patient.

Recommendations

- Routine disclosure of an infected health care worker's serological status is not justified.
- The patient should be notified when a significant exposure to an infected health care worker has occurred. There is no need to disclose the identity of the source of the exposure.

XI. Public Education

A strong, consistent, and repetitive message focusing on the factors related to transmission of bloodborne pathogens in the health care setting may enhance understanding of the relative risk and appropriate preventive measures for both the public and health care workers. Provincial health ministries, the Canadian Public Health Association, professional associations and the federal government share in the responsibility for assessing needs for information and for developing and disseminating appropriate messages.

Advisory Opinion: *CDHA recognizes its responsibility to promote and provide public education regarding the prevention and transmission of bloodborne diseases.*

References

- Recommendations for prevention of HIV transmission in health-care settings. CDWR 1987;13S3:1-10.
- Health and Welfare Canada. Infection control guidelines for isolation and precaution techniques. Revised. Ottawa, Ont: Health and Welfare Canada, 1992. (Supply and Services Canada, Cat. No. H30-11-6-1E).
- Lynch P, Cummings MJ, Roberts PL, Herriott MJ, Yates B, Stamm, WE. Implementing and evaluating a system of generic infection precautions: Body substance isolation. Am J Infect Control 1990;18:1-12.
- National Advisory Committee on Immunization. Canadian immunization guide, 3rd ed. Ottawa, Ont: Health and Welfare Canada, 1989:55-6 (Supply and Services Canada, Cat. No. H-8/1989E).

Appendix I: Participating Organizations

Alberta College of Physicians and Surgeons
 Alberta Dental Association
 Alberta Health
 Association des medecins microbiologistes infectiologues du Quebec
 Association des professionnels pour la prevention des infections
 Association of Canadian Faculties of Dentistry
 Association of Canadian Medical Colleges
 British Columbia Medical Association
 Canadian AIDS Society
 Canadian Association of Emergency Physicians
 Canadian Association of Interns and Residents
 Canadian Association of Medical Microbiologists
 Canadian Association of University Schools of Nursing
 Canadian Cancer society
 Canadian Centre for Occupational Health and Safety
 Canadian Council on Health Facilities Accreditation
 Canadian Dental Association
 Canadian Dental Hygienists Association
 Canadian Hemophilia Society
 Canadian Hospital Association
 Canadian Infectious Disease Society
 Canadian Intravenous Nurses' Association
 Canadian Medical Association
 Canadian Nurses' Association
 Canadian Orthopaedic Association
 Canadian Public Health Association
 Centre d'Etudes Sur le Sida
 College of Dental Surgeons of British Columbia
 College of Family Physicians of Canada
 College of Physicians and Surgeons of Ontario
 Community and Hospital Infection Control Association Canada
 Corporation professionnels des medecins du Quebec
 Department of Health, Newfoundland and Labrador
 Department of Health and Community Services, New Brunswick
 Department of Health and Social Services, Prince Edward Island
 Department of Health and Welfare
 Department of Justice (Federal)
 Federation des medecins omnipraticiens du Quebec
 Federation des medecins specialistes du Quebec
 Manitoba College of Physicians and Surgeons
 Manitoba Dental Association
 Manitoba Health
 Ministry of Health, Province of British Columbia
 National Advisory Committee on Aging
 National Association of Occupational Health Nurses
 Nova Scotia Dental Association
 Occupational Health and Safety Association
 Ontario Medical Association
 Ontario Ministry of Health
 Operating Room Nurses' Association of Canada
 Ordre des dentistes du quebec
 Patient Rights Association
 Professional Association of Residents and Interns of British Columbia
 Royal College of Dental Surgeons of Ontario
 Royal College of Physicians and Surgeons of Canada
 Saskatchewan Health
 Society of Obstetricians and Gynaecologists of Canada
 Toronto HIV Primary Care Physicians Group

INFECTION CONTROL SELF ASSESSMENT CHECKLIST

1. In my practice, I follow the Canadian Dental Association's guidelines for infection control procedures (as adopted by the CDHA June 1989).
2. I practice universal precautions by using the same infection control protocol for all clients.
3. When treating a client, my personal barriers consist of:
 - a) gloves
 - b) a mask
 - c) protective eyewear
 - d) a uniform or a lab coat
4. During procedures that splatter and produce aerosols (eg. ultrasonic scalers), I wear a mask that has a bacterial filtration efficiency (BFE) of 95% or more.
5. I avoid wearing jewelry, particularly rings, during treatment.
6. I remove my mask, rather than wearing it around my neck when I leave the operatory.
7. I wash my hands before gloving as well as after removing my gloves.
8. I change my gloves during an appointment, rather than washing them.
9. I flush all the water lines in my operatory before use in the morning and after each client.
10. I keep my client's dental file, charts and radiographs protected from contamination during treatment.
11. As an alternative to disinfection, I use operatory barriers to protect the equipment from contamination. (eg. covering the light handle, chair control switches, noses, etc.)
12. I wear utility gloves when:
 - a) hand scrubbing instruments
 - b) cleaning and disinfecting my operatory
13. I use an ultrasonic cleaner rather than hand scrubbing my instruments.
14. I discard all used sharp items in a puncture resistant container.
15. I sterilize all handpieces or use high level disinfection, if they are non-sterilizable.
16. The sterilization equipment in my practice is checked with a biological monitor on a weekly basis.
17. In my practice, all contaminated items are disinfected before they are sent to the dental lab. (eg. impressions)
18. Before processing radiographs in an automatic film processor I:
 - a) disinfect the radiographs to decontaminate them
 - b) avoid touching the fabric light shield with contaminated items such as gloves or film packets.
19. I keep my vaccinations, particularly hepatitis B up to date.
20. At the end of the work day, I change out of my work clothing/uniform before I go home.

Developed and submitted by
 Irene Ekberg, Instructor in the Dental hygiene Program at SIAST, Regina, SK.

DENTISTRY CANADA FUND

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Directors: Dr. Gordon Thompson, Edmonton, Chairman
Dr. Robert Dupont, Montreal
Dr. Bradley Holmes, Kenora
Dr. Donald O'Connor, Ottawa
Mr. Don Pamenter, Halifax
Dr. Arthur Schwartz, Ashern
Dr. John Silver, Vancouver
Dr. David Singer, Winnipeg
Dr. Douglas Smith, Belleville
Mr. Arthur Zwingenberger, Toronto
Mr. Jardine Neilson, Ottawa, ex-officio

Manager: Mr. James Wegg

1. **Board Meetings**

The DCF Board of Directors met in Ottawa April 17 - 18, 1994.

ITEMS REQUIRING BOARD ACTION

2. **Terms of Office**

The DCF Board of Directors, recognizing the need for continuity and consistency for their terms of service to the newly created organization, approved the following:

RESOLVED:

94.100 THAT the term of service to the DCF Board of Directors will be three (3), two (2) year terms - effective January 1, 1994.

ADOPTED

The completion date of the present terms of office are as follows:

Dr. Gordon Thompson, 1995 (1)
Dr. Robert Dupont, 1994 (1)
Dr. Bradley Holmes, 1994 (1)
Dr. Donald O'Connor, 1996 (1)

Mr. Don Pamenter, 1996 (1)
Dr. Arthur Schwartz, 1995 (1)
Dr. John Silver, 1996 (1)
Dr. David Singer, 1996 (1)
Dr. Douglas Smith, 1996 (1)
Mr. Arthur Zwingenberger, 1996 (1)
Mr. Jardine Neilson, Ottawa, ex-officio

For consistency, the terms of service for the Fellowship Advisory Committee were also established in the following motion which is presented here for approval.

RESOLVED:

94.101 THAT the periods of service to the DCF Fellowship Advisory Committee will be three (3), two (2) year terms - effective January 1, 1994.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. Supplementary Letters Patent

Supplementary Letters Patent approving the Objects of the Dentistry Canada Fund/Fonds dentaire canadien (that were adopted at the CDA Interim Board Meeting) were issued by the Ministry of Industry and Science Canada (Canada Corporations Act) on May 3, 1994. Those Objects are:

- (a) To create and operate a fund for the citizens of Canada to assist in the encouragement of optimal oral health in Canada through education, research and promotion.
- (b) To encourage the highest level of competence among Canadian dentists through the support of public research, lectures, seminars and other similar programs.
- (c) To assist in the growth, development and advancement of dental education and the elevation of the qualification of teaching personnel through teaching and management programs and lectures.

- (d) To assist meritorious and/or needy students by means of awards and fellowships through public advertisement and juried review panels as funds permit.
- (e) To support and maintain the Sydney Wood Bradley Memorial Library as a source and repository for material and data for research into the conduct of the practice of dentistry.
- (f) To cooperate, assist and collaborate with other dental professional and dental industry organizations concerned with oral health care. Any such organizations receiving funds from the Dentistry Canada Fund must be qualified donees as the term is defined in the Income Tax Act of Canada.
- (g) To conduct educational programs for the public about the importance of optimal oral health and the means to attain and preserve it.
- (h) To solicit, receive and hold donations, gifts, devises and bequests for the objects of the corporation.
- (i) To utilize and distribute such money and property in the furtherance of the objects of the corporation.

4. Programs Funded This Year

Funds for Needy Students - \$5,000 has been granted to students attending Montreal, Alberta, and McGill Universities. The money is derived from the income earned from the Dr. Nicholas Mancini, the Dr. G.W. Barrett, the Dr. Allan Chantler Endowment Funds, and the Murray McDonald Memorial Fund.

MacLachlan Prosthodontics Endowment Fund - Grants totalling \$15,000 have been awarded to Western, Toronto, Dalhousie, and McGill Universities.

CDA/DCF Dental Students Conference - Funding of \$11,000 is being made available for this year's event.

Warner-Lambert Fellowships for Dentistry, Dental Hygiene, and Dental Assisting Teachers - Four applicants received a total of \$6,500.

DCF Fellowships - Six applicants were awarded \$20,000 to help complete various courses of study.

Wrigley Student Research Awards Programme - Research projects were approved to take place at the Universities of Dalhousie, Manitoba, and Toronto totalling \$10,000.

CDA/DCF Teaching Conference - Funding of \$10,000 from Proctor & Gamble will be combined with \$6,000 from DCF for this year's October conference.

DCF/ACFD Summer Teaching and Management Institute - A commitment was made to provide a minimum of \$44,000 per year for this project in the years 1995-97.

5. **Planned Giving**

A major initiative of developing and setting up a comprehensive Planned Giving program is being undertaken this year.

It will be the intent of the Planned Giving Program to provide a mechanism that will respond to those interested in maximizing their charitable gift, minimizing tax liabilities, as they help and enhance the many important projects and programs of the Dentistry Canada Fund. The program will have options for interest funds, annuities, assurance, wills and bequests, and specialized trusts. Several of DCF's major gifts have already come as the result of this type of effective, thoughtful giving.

6. **Future Direction**

The Board and Staff of the DCF will be conducting a review of the entire operation of all programs and projects with a view to making them accessible and efficient. To aid this review and achieve continuity, Dr. Douglas Smith will become DCF Chairman in 1996.

Respectfully submitted,

Gordon Thompson, D.D.S.
Chairman, Dentistry Canada Fund

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Dentistry Canada Fund.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1994 has been a year of dynamic change for the NDEB. The NDEB appreciates CDA's support over the past year and looks forward to working closely with the CDA in 1995. The following is a description of some of the more significant issues addressed in 1994.

With the introduction of both the Written and OSCE examination in 1995, all provinces have agreed to recognize the NDEB certificate making new graduates of Canadian Dental Faculties truly portable for the first time in many years.

The successful OSCE trials held at each dental faculty have been used in the examination validation process. The reactions of Faculties, students and licensing authorities has been positive.

The NDEB Written Examination was administered on May 16 to both candidates from approved schools (all 10 Canadian Faculties) and unapproved schools. The pass rate for graduates of approved schools was 96.6%. The pass rate for unapproved (including US) schools was 79.2%. Further statistical analysis will be done to facilitate validity and reliability testing.

The process for appointing NDEB Written and Clinical Examiners was formalized and instituted (Appendix A).

APPENDIX A

The results of the Competency Workshop are being finalized. A hopefully final draft is attached (Appendix B).

APPENDIX B

A new certification examination for graduates of unapproved programs was implemented. This process lowered the cost of the examination process for candidates, shortened the process and introduced an extensive criterion referenced examination system. The process for 1995 (subject to modification at the November Board Meeting) is summarized in Appendix C.

APPENDIX C

In addition to directly testing graduates of Canadian Faculties of Dentistry candidates for the first time there has been more than double the number of candidates from non-approved programs taking the certification examination.

The NDEB acted as a resource for provincial licensing authorities in the development and administration of their various licensing processes.

NDEB Office changes included the implementation of an updated computer system, a new budget line item and accounting system and the accommodation to a new Registrar and Executive Director.

Other attachments are for the CDA Board's information.

APPENDICES D & E

Respectfully submitted,

Dr. Robert C. Baker
President, National Examining Board of Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the National Dental Examining Board of Canada as information.

**THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA**

Process for Appointing NDEB Written & Clinical Examiners

In January of each year Provincial Licensing Authorities will be asked to submit a list of at least 3 and a maximum of 9 nominees for clinical examiners based on criteria established by the Board. The Clinical Examination Committee will select individuals from the nomination lists and recommend them to the board for appointment as Clinical Examiners.

In January of each year the Deans of Canadian Faculties of dentistry will be asked to submit a list of nominees for written examiners in identified subject areas. The Written and OSCE Examination Committee will select individuals from the nominations lists and recommend them to the Board for appointment as Written Examiners.

Competencies for a Beginning Dental Practitioner in Canada

Background

As a result of the Provincial Licensing Authorities request to change the method of certifying graduates of Accredited Faculties of Dentistry in Canada, the National Dental Examining Board (NDEB) has had to formulate a new examination process. This process will involve a written examination and an Objective Structured Clinical Examination (OSCE). The NDEB asked the Association of Canadian Faculties of Dentistry (ACFD) and the Commission on Dental Accreditation in Canada (CDAC) and the Council on Dental Education (CDACE) to participate in the development of this new process. At meetings of the NDEB/ACFD Ad Hoc Advisory Committee it was agreed that the first step in the development process should be the identification of competencies required for licensure as a general dentist in Canada.

In order to develop these competencies a workshop was held in Montreal, Quebec on October 23 and 24, 1993. The twenty-five workshop participants included the ten members of the NDEB/ACFD Ad Hoc Advisory Committee, the NDEB Executive, Members of the NDEB Written and Clinical Examination Committee and representatives from the ACFD Management Committee, the CDAC and the CDACE. A list of participants is attached as Appendix "A".

The workshop participants, working in small groups used distributed resource material and resource personnel to develop the competency statements. Consistency in the format and level of the statements was facilitated by calibration of the working-group chairs and by review of the statements at plenary sessions.

The participants approved the draft competency statements at the final plenary session and charged a small group with editing the final document. The final document was reviewed by all participants.

The final document has been developed primarily for use by the NDEB in developing the OSCE examination. The competencies are therefore at a level that will guide the examination process but are not so specific as to guide curriculum

development in the Faculties of Dentistry. The competencies have been distributed to the ACFD Management Committee, the CDAC and the CDACE for information. These organizations may wish to develop further the competencies in order to make them more useful for curriculum planning and accreditation.

Assumptions and Definitions

- 1) Competence is behaviour characterized by independent performance in realistic circumstances. The competencies identified in this document are required of all beginning dental practitioners in Canada. Higher levels of practice, including proficiency and mastery may be attained with additional experience and education.
- 2) Competency assumes that all behaviours are supported by foundation knowledge and skills and by appropriate values. Foundation knowledge includes the biomedical, behavioural and dental sciences. Beginning dental practitioners in Canada must be capable of applying foundation knowledge and skills and must be capable of using it to justify all of their decisions and actions. Therefore, foundation knowledge and skills are understood to be a part of every competency.
- 3) Competency assumes that all behaviours are performed to an acceptable level and that the practitioner can evaluate the quality of all behaviours performed.
- 4) The management of the appropriately identified oral health needs of a patient may include no treatment, observation, treatment by the dentist, treatment by the dentist following consultation with another health care professional, referral of a patient to another health care professional for management of identified oral health needs and monitoring any treatment provided. Treatment is assumed to include all actions (including preventive "treatment") by a health care provider that are designed to alter the course of a patient's condition.
- 5) A dentist must always provide oral health care for patients in an ethical manner in accordance with legal requirements as stipulated at the national and provincial level.

For the purpose of this document, the word "appropriate", when used as a modifier, implies modification or adjustment according to the specific circumstances (e.g.. medical, financial, biomechanical, psychological) of a patient.

A GLOBAL COMPETENCY FOR A BEGINNING DENTAL PRACTITIONER IN CANADA

A beginning dental practitioner in Canada must be able to provide effective and appropriate oral health care for all patients. Oral health care includes examination, diagnosis, risk assessment, development of a treatment plan and/or treatment plan options, obtaining informed consent and management of the patient's oral health needs in an ethical manner in accordance with the legal requirements of the national and provincial jurisdictions. In addition, a general dentist must be able to justify the diagnosis, risk assessment and treatment plan based on the aetiology, epidemiology and pathogenesis of the conditions and the biological rationale involved. A general dentist must be able to determine the prognosis and to evaluate the success of the management modalities utilized for individual patients.

Competencies for Beginning Dental Practitioners in Canada

A beginning dental practitioner in Canada must be competent to:

- (1) communicate with patients, peers and the public with respect to ethical issues and standards of care.
- (2) identify the chief complaint or reason for a patient's visit.
- (3) make a general evaluation a patient's appearance and attitude including the identification of any abnormal physical, emotional, or mental development.
- (4) obtain and interpret a medical history, social history, review of systems and dental history.

- (5) conduct an appropriate clinical and radiographic examination, and distinguish between normal and pathological hard and soft tissue abnormalities of the orofacial area.**
- (6) assess the risks of radiation exposure and the diagnostic benefits of radiographic procedures, and select appropriate radiographs required for a diagnosis.**
- (7) Take and process periapical, bitewing, occlusal and panoramic radiographs.**
- (8) Prescribe appropriate clinical, laboratory and other diagnostic procedures and tests in consultation with other health care providers.**
- (9) interpret the findings from a patient's history, clinical examination, radiographic examination and from other diagnostic tests and procedures in order to identify the aetiology and pathogenesis of oral conditions and growth disorders.**
- (10) determine a diagnosis and develop a problem list of conditions and disorders requiring management.**
- (11) determine the influence of the pathologic physiology of a systemic disease on oral health and management.**
- (12) recognize the limitations of dental treatment in a general practice setting and formulate a written request for a consultation or referral when appropriate.**
- (13) maintain accurate and complete patient records in a confidential manner.**
- (14) develop an appropriate comprehensive prioritized and sequenced treatment plan based on the evaluation of all relevant diagnostic data.**
- (15) discuss the findings, diagnosis and treatment options with a patient and inform the patient or guardian of potential modifications and their consequences that could occur during the course of treatment.**

- (16) present to a patient the sequence of treatment, the estimated fees, the payment responsibilities, and the patient's own responsibilities and time requirements for treatment.
- (17) modify treatment plans for the medically, mentally or physically compromised or challenged patient.
- (18) select and use appropriate barrier techniques to prevent the transmission of infectious diseases.
- (19) select and use appropriate sterilization and disinfection procedures to prevent the transmission of infectious diseases.
- (20) explain and demonstrate infection control procedures to staff and patients, and respond to questions related to infection control.
- (21) recognize and institute procedures to prevent occupational hazards related to the profession of dentistry.
- (22) achieve local anaesthesia for dental procedures.
- (23) prevent, recognize and manage potential complications related to local anaesthesia.
- (24) determine the indications and contraindications for the use of drugs, the drug dosages and routes of administration for drugs used in general practice, and write appropriate prescriptions for drugs used in general dental practice.
- (25) recognize the common signs, symptoms and aetiologies of anxiety and apprehension in dental patients.
- (26) implement appropriate management of the anxious or apprehensive dental patient.
- (27) prevent and manage dental emergencies.

DRAFT

- (28) recognize and manage systemic emergencies related to dental treatment.**
- (29) manage patients with acute and chronic orofacial pain or discomfort including the provision of treatment normally provided in general dental practice.**
- (30) manage surgical procedures related to oral soft and hard tissues including the provision of treatment normally provided in general dental practice.**
- (31) manage trauma to the maxillomandibular complex.**
- (32) manage complications associated with oral surgical procedures normally provided in general dental practice.**
- (33) treat early and moderate forms of periodontal diseases and manage advanced periodontal diseases and monitor the effectiveness of treatment.**
- (34) restore single tooth defects and esthetic problems, including the selection of materials and techniques.**
- (35) manage partially and completely edentulous patients, including providing fixed, removable or implant prostheses normally provided in general dental practice.**
- (36) manage pulpal pathology of primary and permanent teeth including the provision of endodontic treatment normally provided in general dental practice.**
- (37) assess patients' dietary intake and oral hygiene stating in order to promote oral health and evaluate the effectiveness of a patient's self-care.**
- (38) assess and provide appropriate preventive strategies including topical and systemic therapeutic agents and modalities as well as instruction in mechanical oral health methods.**

- (39) manage growth and developmental abnormalities and treat dental abnormalities normally treated in general dental practice.
- (40) recognize signs of physical or emotional neglect and/or abuse (including but not limited to child, spouse or elder abuse) and make appropriate reports and follow up the outcomes.
- (41) determine malocclusion treatment objectives and identify the treatment required to obtain these objectives.
- (42) explain the benefits of removable and fixed appliances in orthodontic treatment to patients and guardians.
- (43) make acceptable casts and other records that are required for use in the laboratory fabrication of dental prostheses and appliances.
- (44) design a dental prosthesis or appliance, write a laboratory work authorization, and evaluate laboratory products.
- (45) determine the level of expertise required in the treatment of a patient and recognize the practitioner limitations so that the medical and dental well-being of the patient will not be compromised.
- (46) obtain informed consent and obtain the patient's written acceptance of the treatment plan and any modifications.
- (47) locate, read, understand and critically evaluate the published dental and related literature and apply such information when evaluating new materials and procedures.
- (48) discharge obligations incumbent upon every professional, including personal contributions to and support for the profession's collective initiatives in self-regulation, maintenance of standards and advancement of professional knowledge and expertise.

DRAFT

- (49) write the fundamental elements of a dental business plan and apply the basic principles of business administration, financial and personnel management to a dental practice.**

**- THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA**

1995 NDEB EXAMINATION PROCESS OVERVIEW

1. GRADUATES OF FACULTIES OF DENTISTRY ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION OF CANADA

The certification requirements for 1995 are that the student must have graduated from a dental program approved by the Commission on Dental Accreditation of Canada and that the student must have successfully completed the NDEB Written Examination and the OSCE.

2. GRADUATES OF DENTAL PROGRAMS NOT ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION OF CANADA

Candidates from dental programs not accredited by the Commission on Dental Accreditation of Canada must complete the NDEB comprehensive certification examination which includes the Written Examination and Clinical Examinations I, II and III.

3. SUMMARY OF NDEB EXAMINATIONS

a) Written Examination

The Written Examination is made up of 2 papers, each with 150 multiple choice type questions. Each paper is given in a 3 hour examination session. The sessions are held in the morning and afternoon of one day.

PAPER 1

This examination paper tests:

a) basic science knowledge as it relates to:

- tooth morphology, growth and development of the face, teeth and jaws
- physiology of occlusion
- microbiology and immunology of oral diseases
- pain, nutrition
- mechanism of absorption and fate of drugs
- drug interaction and hypersensitivity
- biological effects of radiation
- biomaterials, their mechanical and chemical properties and biocompatibility

b) applied clinical science knowledge and judgement in the areas of:

- general medicine
- oral medicine
- oral pathology
- radiology
- periodontics

PAPER 2

This examination paper tests applied clinical science knowledge and judgement in the areas of:

- operative dentistry
- endodontics
- prosthodontics
- dental materials
- orthodontics
- pediatric dentistry
- geriatric dentistry
- surgery
- therapeutics

Both papers include diagnosis, treatment planning, prognosis, treatment methods, applied materials and devices.

b) Objective Structured Clinical Examination (OSCE)

Candidates' clinical judgement and problem solving skills are tested using a series of stations. Case histories, models, pictures, radiographs and other samples are available at each station. Students rotate to a new station every 5 minutes.

c) Clinical Examination I

This examination consists of 4 written papers that require candidates to use clinical judgement to supply written short answers. Each paper is 75 minutes in length and they are given in a one day examination session. The content of each paper is listed below.

1. Oral Medicine, Oral Pathology and Periodontics

From slides of clinical cases and short answer questions this examination will evaluate the candidate's ability to understand, diagnose and manage various oral pathological conditions including periodontal diseases.

2. Patient Management

From clinical slides and short answer questions this examination will evaluate the candidate's ability to recognize and manage a variety of clinical oral problems and systemic disease conditions. This will include questions related to the clinical subjects of endodontics, operative dentistry, orthodontics, pediatric dentistry, prosthodontics and oral surgery as well as the precautions required in the treatment of patients whose health may be compromised by disease or therapeutic management.

3. Radiology

Using photographs of intraoral and bitewing radiographs this examination will evaluate the candidate's knowledge of oral radiology and ability to make a radiographic diagnosis.

4. Case Diagnosis & Treatment Planning

This examination will evaluate the candidate's ability to formulate a diagnosis and treatment plan for **one** clinical case. A patient history, diagnostic casts and radiographs will be provided. (Surveying of casts will not be required).

d) Clinical Examination II

This 2-day examination requires candidates to perform identified clinical procedures on simulated patients (manikins) supplied by the NDEB.

Candidates are required to acceptably complete

- i) identified restorative procedures on specified typodont teeth. One of the requirements of the restorative procedures will involve the fabrication of a provisional (temporary) crown for a posterior tooth. The provisional crown must be fabricated so that it can be functional for 2-3 weeks.
- ii) an occlusal adjustment on provided mounted casts and record of all adjustments performed on the provided forms.
- iii) a diagnostic wax-up on provided mounted casts. This waxing will include one or more designated posterior teeth.

e) Clinical Examination III

This 3-day examination requires candidates to acceptably complete the following treatment on patients provided by the candidates:

- 1. Class II Amalgam
- 2. One Cast Gold restoration selected by the candidate from the following:
 - a) 3/4 Crown
 - b) Inlay Class II
 - c) Onlay Class II

This restoration must be fabricated using full arch casts mounted on a semi-adjustable articulator.

3. One of the following restorations selected by the candidate:
 - a) MOD Amalgam
 - b) Class V Gold foil
 - c) Cast Gold (3/4 Crown or Class II Inlay or Class II Onlay)

4. Radiology Technique

Diagnosis and patient management (including anaesthesia technique) is also evaluated.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

PROPOSED EXAMINATION DATES AND LOCATIONS

LEADING TO CERTIFICATION IN 1995

<u>EXAMINATIONS</u>	<u>DATES</u>	<u>LOCATIONS</u>
Written (Univ. of Saskatchewan 5th-year students & graduates of non-Canadian schools)	Oct. 17/94	Saskatchewan & probably Toronto
OSCE (Univ. of Saskatchewan 5th-year students only)	Oct. 18/94	Saskatchewan
Written (Canadian graduating students & graduates of non-Canadian schools)	March 6/95	Canadian faculties of dentistry
OSCE	March 7/95	"
Clin I	May 8/95	Designated centres
Clin II & III	May 29 - June 2/95	One designated centre (probably Toronto)
Written (Canadian graduating students & graduates of non-Canadian schools)	June 6/95	Canadian faculties of dentistry (as needed)
OSCE - supplemental	June 7/95	"
Clin I	June 26/95	Designated centres
Clin II and III	Aug. 14-18/95	One designated centre (probably Montreal)
Clin II and III	Dec. 11-15/95	One designated centre (probably Halifax)

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

EXAMINATION FEE SCHEDULE1 January - 31 December 1994

A. APPLICATION FEE - for ALL examination candidates 85.00
(payable ONCE ONLY, when applying and non-refundable)

B. EXAMINATION FEES

1. Written examination		225.00
2. Clinical examination	- PART I	900.00
	- PART II	1,350.00
	- PART III	1,500.00
Note	- PART II(c) Only	450.00

If a candidate fails one portion of the comprehensive examination, he will be reimbursed in full for the paid untried subsequent portion/s.

No examination fee refund will be allowed to a candidate who commences a portion of the examination and for some reason does not complete that portion of the examination.

C. EXAMINATION WITHDRAWAL FEES (applicable from deadline dates)

Withdrawal from Written Examination - 225.00

Withdrawal From Clinical I, II and/or III

1. Prior to 30 days of examination date	-	200.00
2. 30 days before the examination	-	50% of the examination fee
3. 15 days before the examination	-	Full Fee
4. Failure to appear at examination without prior notification	-	Full Fee
5. A successful candidate who does not proceed to a subsequent part of the examination, which he had previously registered for, WILL FORFEIT THE FULL FEE of the examination part in question.		

D. APPEALS FILING FEE

- Written Examination		80.00
- Clinical Examination	each part	350.00

ALL PAYMENTS SHOULD BE IN CANADIAN FUNDS TO THE ORDER OF THE NATIONAL DENTAL EXAMINING BOARD OF CANADA. FUNDS FROM OUTSIDE OF CANADA MUST BE SENT IN THE FORM OF A BANK DRAFT, NOT A CHEQUE.

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

RCDC Annual Meeting, 1994

The 1994 Annual Council meeting, Convocation and Annual Dinner, together with Committee meetings, will be held in Vancouver on September 29, 30 and October 1.

Dr. F. James Marshall, eminent Endodontist, will be accepting Honorary Fellowship at the Convocation on September 30th.

Examinations

The following represents the number of candidates for Parts I and II examinations of the Fellowship examinations, being held May/June, 1994:

	Part II	Part I
Dental Public Health	-	1
Endodontics	1	1
Oral and Max. Surgery	7	-
Oral Pathology	1	-
Orthodontics	1	15
Pediatric Dentistry	2	1
Periodontics	-	9
Prosthodontics	-	2
	12	29

Written examinations on May 6th were held in Vancouver, Edmonton, Winnipeg, London, Toronto, Montréal, Québec City, Halifax, Los Angeles, Portland (OR), Philadelphia, Stony Brook (NY) and Hong Kong. The orals on June 18th were held in Vancouver and Toronto.

Successful Part II examinees will be admitted to the College at the Convocation in Vancouver in September, together with 2 new Fellows and 13 new Members from previous examinations.

Council and Chief Examiner Vacancies

Councillors whose terms will be concluding this year are:

Dr. Gordon Thompson, Edmonton, Dental Public Health (second term)
Dr. Chris Lavelle, Winnipeg, Dental Sciences (second term)
Dr. John Fraser, Vancouver, Edmonton (first term)
Dr. Robert Priddy, Vancouver, Oral Pathology (first term)
Dr. Marvin Klotz, Toronto, Pediatric Dentistry (first term)

Drs. Fraser, Priddy and Klotz are willing to stand for a second term, and nominations have been called for in all five specialties, as required by the College's election procedure. Any elections will be held in June, and successful nominees will take office after the September Council meeting.

Dr. Paula Sikorski's election to Council in 1993 left vacant her position as Chief Examiner in Oral Radiology, and Dr. Axel Ruprecht, Iowa City, has been appointed to that position for an initial three year term to 1997. At its 1994 meeting, Council will be considering the names of recommended successors to Dr. W.J. Fleming, Dental Sciences, and Dr. Herb Ptack, Prosthodontics.

Respectfully submitted,

R. John McComb
President, Royal College of
Dentists of Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Royal College of Dentists of Canada as information.

ASSOCIATION OF PROSTHODONTISTS OF CANADA

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Association of Prosthodontists of Canada appreciates the opportunity to report its activities to the CDA Board. APC has 112 members in Canada which represents 70% of licensed prosthodontists. In the past year, the APC has been actively revising its constitution and by-laws to better reflect our members' goals and needs. The APC has served as a resource for both our members involved primarily in academics and those involved primarily in private practice by organizing annual meetings, MacLachlan Teaching Conferences and participating in jointly sponsored Prosthodontic Research initiatives.

APC, through its contacts with American Prosthodontics Organizations and Journals, has been instrumental in bringing the Prosthodontics Research Symposium Training Session to McMaster University. Two of the nine Prosthodontic faculty in training to be facilitators and leaders are APC members. This effort has and will result in a highly productive and visible expertise in prosthodontic research in Canada.

APC Annual Meetings are held in conjunction with other prosthodontic organizations in order to make efficient use of resources. This year a joint meeting with the Canadian Academy of Restorative Dentistry and Prosthodontics was held in Banff, Alberta.

Respectfully submitted,

Jack Gerrow, D.D.S., M.S., M.Ed.
President, Association of Prosthodontists of
Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Association of Prosthodontists of Canada as information.

CANADIAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The 41st Annual Meeting of the Canadian Association of Oral and Maxillofacial Surgeons was held in Quebec City, September 7-11, 1994. The theme for the scientific session was maxillofacial trauma with guest speakers Dr. Ed Ellis of Dallas and Dr. Paul Manson of Baltimore. An Oral Maxillofacial Surgery Auxiliaries program was well attended and well received.

1. Executive Director:

Since installation of Dr. Al Swanson as Executive Director, the executive of CAOMS has recognized the immense contribution of this individual to this valuable position. At the interim executive meeting, it was agreed that new terms of reference be initiated to expand the duties and responsibilities of the office of executive director. Dr. Swanson has graciously accepted his new responsibilities and we look forward to working relationships that will benefit the executive of the CAOMS and the individual membership at large.

2. Membership Report:

A concentrated effort is being made to encourage non-members of the CAOMS to join the association. It was recently recognized that a large number of non-members of the CAOMS were affiliate members of the AAOMS. Since eligibility for affiliation with the CAOMS is dependent on membership in the individual's national organization, the CAOMS has lobbied the AAOMS to demand this criteria be met for their affiliate members from Canada. A letter of invitation has been sent to all present non-members and financial incentives were created for proposed new members for registration at the annual meeting in Quebec. We will continue to pursue all Canadian Oral & Maxillofacial Surgeons in order to strengthen the National Association.

Membership Status as of Dec. 1993:

Active Members	143
Life Members	18
Honorary Members	10
Affiliate Members	4
Sustaining Members	1
Residents in Training	28

3. Foundation for Continuing Education and Research:

The foundation continues with ongoing projects:

1. Risks and Benefits of orthognathic surgery.
2. Risks and Benefits of Implants.

Future research projects will be considered from submissions by practicing surgeons and residents.

A symposium sponsored by the Foundation on Education and Research is planned for annual CAOMS scientific sessions. A theme of "Research and Education as it Relates to Clinical Practice" is planned for an upcoming annual meeting scientific session.

4. Coroner's Inquest:

An inquest into the death of a post orthognathic surgery patient (May 13, 1993) in Ontario was completed and recommendations were published. The CAOMS responded to the CDA and directly to the Coroner. The recommendations were published in the CAOMS newsletter "The Voice" so as to disseminate this information Canada-wide to Oral and Maxillofacial Surgeons performing orthognathic surgery. In an effort to help nursing education in the perioperative management of the wired jaw patient, the CAOMS is developing a teaching module with video and manual as an in-service teaching aid for hospital personnel. This project was well received by the Ontario Coroner and production hopefully will be completed by the 1994 calendar year.

5. TMJ Proplast Implants:

There has been much media attention given to the plight of patients who have suffered complications associated with treatment using the Proplast Implants. Documented evidence of implant failure causing fragmentation and giant cell foreign body reactions appeared in the literature in the early to mid 1980's. The CAOMS has responded to many media requests for information on this issue and subsequently issued an information bulletin on this issue early 1994. Several Network and regional TV and radio documentaries were produced both in the USA and Canada. There will no doubt be airing of these programs in the fall TV schedules. The CAOMS has followed the leadership of the AAOMS and promoted the patient tracking program and clinical assessment criteria formulated by the combined efforts of the AAOMS and FDA. The immediate concern of all parties is to follow any patients who have received the implants and document their clinical course. Need for further surgical intervention has been outlined by the CAOMS using clinical and diagnostic protocol. Copies of the position paper are available from the Executive Director of the CAOMS.

6. CDA Specialty Section Meeting:

Representatives from CAOMS will participate in the CDA Specialty Sections Meeting to be held October 1994 in Vancouver. As clinicians who practice within hospitals, services to our patients have been affected by the Canada wide rationalization of health services. The CAOMS looks to the CDA to help in the ongoing discussions with the Department of Health to recognize Dentistry/Oral & Maxillofacial Surgery departments as a vital and necessary part of continued hospital care.

Our association continues to support participation of the dental specialists in the CDA through the Management Committee's Specialty Section format.

7. Future Meetings:

The CAOMS is hosting a combined meeting with the AAOMS September 12-17, 1995. This venue will provide for a business meeting for both associations as well as an exhaustive Scientific Session. This meeting allows the CAOMS to showcase our country to as many as 8000 American delegates.

The CAOMS, under the guidance of Dr. Sam Kucey, has made tentative arrangements for a combined meeting with Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS). The meeting is set for 1996 but details of time and location are not made as yet.

8. Current Executive - 1993-1994

President	Dr. Phil Cyr
President-elect	Dr. Vic Moncarz
Past President	Dr. Tom Stevenson
Secretary	Dr. Sam Kucey
Treasurer	Dr. Also Comardo
Executive Director	Dr. Al Swanson

**CANADIAN ASSOCIATION OF ORAL
AND MAXILLOFACIAL SURGEONS**

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Current Executive of the "Foundation for Continuing Education"

Chairman	Dr. David Precious
Vice Chairman	Dr. Simon Weinberg
Sec/Treasurer	Dr. Ron Warren
Trustee	Dr. Paul Mercier
Trustee	Dr. Keith Lindsay

Respectfully submitted,

Philip L. Cyr, D.D.S., M.Sc., F.R.C.D. (c)
President, Canadian Association of Oral and
Maxillofacial Surgeons

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Association of Oral and Maxillofacial Surgeons as information.

CANADIAN ASSOCIATION OF ORTHODONTISTS

REPORT TO THE 1994 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Association of Orthodontists had its 65th Annual Scientific Meeting in Palm Desert, California from September 17-23, 1993. It was held in conjunction with The Great Lakes Association of Orthodontists. The President, Dr. Michel Farmer presided.

1. The 1993 Award of Merit in recognition of a member for special contributions and devoted service over a number of years to the members and/or Board of Directors of the CAO was awarded to both Dr. Morley Bernstein and Dr. Oleg Kopytov.
2. The Distinguished Service Award was not awarded in 1993, but will be awarded in 1994 to Dr. Donald Woodside at the Annual Scientific Meeting in Vancouver.
3. The 1994 Annual Scientific Meeting will be held in Vancouver from September 29 to October 1 at the Waterfront Centre Hotel. The dates are immediately prior to the 1994 FDI meeting and the site is immediately adjacent to the FDI Headquarters and to The Pan Pacific Hotel. Dr. Yale Malkin is the General Chairman of the CAO meeting.
4. The 1994 Grieve Memorial Lecture will be presented at the FDI meeting on Tuesday, October 4th, by Dr. Donald Joondeph who's topic is "Early Orthodontic Management of Significant Skeletal Discrepancies".
5. New Executive for 1993-94:
President: Dr. Michael Wainwright (Vancouver)
President Elect: Dr. Lee Erickson (Halifax)
Past President: Dr. Michel Farmer (Montreal)
First Vice-President: Dr. John Kalbfleisch (Mississauga)
Second Vice-President: Dr. Edwin Yen (Winnipeg)
6. Membership status (March 1994)

a)	Active Members	439
b)	Life Members	44
c)	Retired Members	14
d)	Honorary	6
e)	Student Members	21

Total	524
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7. More provinces are requiring examinations for certification of specialists. The CAO Executive considered that it was sensible that there be one examining body rather than each province organizes it's own exam. The RCDC Part I exam was considered to be the logical choice, however it was considered that the exam needed to be revised. Dr. Michael Wainwright was nominated and elected as the RCDC orthodontic councillor. Two meetings have subsequently been held:
 - a) March 4, 1994, between the CAO examination committee, RCDC examination representatives and representatives from provinces with interests in specialty examinations (B.C., Alberta, Quebec, Maritimes). The Ontario Association of Orthodontists chose not to be present at the meeting. The objective was achieved with the RCDC exam reps hearing what form of exam the provincial representatives required.
 - b) April 29, 1994, between the RCDC orthodontic examiners and full time teachers from Canadian Universities with post-graduate orthodontic programs (Alberta, Manitoba, Western Ontario, Toronto and Montreal). The objectives were to determine the format of the exam and to begin to form a bank of examination questions for the exam.

Both of these meetings were highly successful and served as a basis for future meetings to continue to upgrade the RCDC Part I exam. Naturally the RCDC can only offer their services. It is up to the Provincial Licensing Bodies to accept. The majority of interested provinces seem favourably disposed.

8. The CAO has accepted an invitation to be one of the founding members of the World Federation of Orthodontists (W.F.O.) Previous International Orthodontic Congresses have been held in New York (1926), London (1931), and again in 1973 jointly with the European Orthodontic Society and the American Association of Orthodontists. The Fourth International Orthodontic Congress will be held in May 1995, with the AAO (San Francisco). The first official meeting of the WFO was scheduled to take place in May 2000, during the Fifth International Orthodontic Congress jointly celebrating the 100th anniversary of the AAO (Chicago). Thereafter, meetings of the WFO will be held every 5 years during the International Orthodontic Congress in conjunction with the host country's national association meeting.
9. The CAO published its "Recommendations on Infection Control for Orthodontic Practice" in June of 1993, which were deliberately designed to compliment the already published CDA recommendations, but being more specific to orthodontic procedures. The main author was Dr. John Hardie, Head of Dentistry at Vancouver General Hospital, with input from Dr. Joel Epstein, Head of the Division of Oral Medicine and Clinical Dentistry at Vancouver General

Hospital, Dr. John Blatherwick, Chief Medical Health Officer at the Vancouver Health Department, and Dr. Richard Mathias, Associate Professor, Department Health Care and Epidemiology at the University of British Columbia.

10. The Canadian Foundation for the Advancement of Orthodontics (CFAO) has grown considerably during the past two years with the fund more than doubling to its present \$115,000. This has been largely due to the efforts of the CFAO President Dr. Yale Malkin, with considerable assistance from Dr. Lee Erickson. The objective of the fund is to provide financial support for orthodontically oriented research projects, particularly at the Universities.
11. The CAO Executive is monitoring guidelines for dental practice statements by provincial bodies and the CDA. The College of Dental Surgeons of British Columbia has recently produced such a document due to government pressure. It is hoped that the guidelines from province to province can be made reasonably uniform across Canada.
12. The CAO has just published its biannual membership directory as a result of considerable effort by Dr. Ron Wolk of Calgary.
13. First Vice-President, Dr. John Kalbfleisch, is continuing to improve the CAO planning and priorities document into a workable format.
14. The University of Alberta at Edmonton is in financial difficulty and has threatened to close the Faculty of Dentistry. Letters have been written to key people at the University of Alberta stressing the importance of continuing the Faculty of Dentistry at Edmonton.
15. The CAO is very proud that our Second Vice-President, Dr. Edwin Yen, has been appointed as Dean of the Faculty of Dentistry at the University of B.C. effective July 1994.

Respectfully submitted,

Dr. W. Michael Wainwright, President
Canadian Association of Orthodontists

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Association of Orthodontists as information.

GLOSSARY OF ACRONYMS
(utilized in CDA reports to the Board)

3P Committee	CDA Third Party Dental Plans Committee
AADS	American Association of Dental Schools
ACFD	Association of Canadian Faculties of Dentistry
AD&D	Accidental Death and Dismemberment (CDIP)
AGD	Academy of General Dentistry
AMA	American (or Alberta) Dental Association
APC	Association of Prosthodontists of Canada
CAE	Canadian Academy of Endodontics
CAO	Canadian Association of Orthodontists
CAOMS	Canadian Association of Oral and Maxillofacial Surgeons
CAOP	Canadian Academy of Oral Pathology
CAOR	Canadian Academy of Oral Radiology
CAP	Canadian Academy of Periodontology
CAPD	Canadian Academy of Pediatric Dentistry
CCHFA	Canadian Council on Health Facilities Accreditation
CDA	Canadian Dental Association
CDAА	Canadian Dental Assistants' Association
CDF	Canadian Dental Foundation
CDHA	Canadian Dental Hygienists' Association
CDIP	Canadian Dentists Insurance Program

GLOSSARY OF ACRONYMS

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CDRF	Canadian Dental Research Foundation
CDSBC	College of Dental Surgeons of British Columbia
CDSC	CDA/CFDE Canadian Dental Students' Conference
CDSPI	Canadian Dental Service Plans Inc.
CFDE	Canadian Fund for Dental Education
CFDS	Canadian Forces Dental Services
CLHIA	Canadian Life and Health Insurance Association
CPR	Committee on Consumer Products Recognition
CSA	Committee on Student Affairs
CSAC	College Standards and Accreditation Council
CSAE	Canadian Society of Association Executives
CSPHD	Canadian Society of Public Health Dentists
DAP	Dental Awareness Program
DCF	Dentistry Canada Fund
DIAC	Dental Industries Association of Canada
DMD	Committee on Dental Materials and Devices
DPAC	Dental Practice Advisory Committee
FDI	Fédération Dentaire Internationale
GI	Gingival Index
HIV	Human Immunodeficiency Virus
HPB	Health Protection Branch

GLOSSARY OF ACRONYMS

- 3 -

ICD	International College of Dentists
ISO	International Standards Association
LRA	Lobbyist Registration Act
NDC	National Data Corporation
NDEB	National Dental Examining Board of Canada
NDHCB	National Dental Hygiene Certification Board
ODHA	Ontario Dental Hygienists Association
ODN & AA	Ontario Dental Nurses and Assistants Association
ODQ	Ordre des dentistes du Québec
OSCE	Objective Structured Clinical Examination
PIP	Purchaser Information Program
QDSA	Association des Chirurgiens dentistes du Canada
RCDC	Royal College of Dentists of Canada
RCDS	Royal College of Dental Surgeons of Ontario
SHNS	Shared Health Network Services
USCLS	Uniform System of Codes and List of Services

